

Notice of Eligibility & Rights and Responsibilities
CENTRAL MICHIGAN UNIVERSITY

Date: _____
To (Employee): _____
From (Supervisor): _____
CC: staffleaves@cmich.edu (staff) or bethk1km@cmich.edu (faculty)

On _____ we learned that you need **continuous** **intermittent** leave beginning on _____ for one of the following reasons:

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child (**Reminder: Status Change Form must be submitted to Benefits & Wellness, Rowe 108 within 30 days of the event to add the child to your health insurance**);
- Your own serious health condition;
- You are needed to care for your spouse; child under age 18; child 18 years or older and incapable of self-care because of a mental or physical disability; parent; other eligible individual (OEI) due to their serious health condition;
- A qualifying exigency arising out of the fact that your spouse; child of any age; parent; OEI is on covered active duty or has been notified of an impending call or order to covered active duty status.
- You are needed to care for your spouse; child; parent; OEI; next of kin who is a covered servicemember with a serious injury or illness.

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include in *loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed obligations of a parent. No legal or biological relationship is necessary.

SECTION I – NOTICE OF ELIGIBILITY

This Notice is to inform you that you are:

- Eligible** for FMLA leave (see Section II for any Additional Information Needed and Section III for information on your Rights and Responsibilities)
- Not eligible** for FMLA leave because:
 - You have not met the FMLA's 12-month length of service requirement. As of the date of requested leave, you will have worked approximately _____ months towards this requirement.
 - You have not met the FMLA's 1,250-hours-worked requirement. As of the date of requested leave, you will have worked approximately _____ hours towards this requirement.

If you have any questions, please contact HR for staff (ext. 2010) or FPS for faculty (ext. 3368) or view the poster located in Rowe or Warriner halls or on-line at <http://www.dol.gov/whd/fmla>.

SECTION II – ADDITIONAL INFORMATION NEEDED

As explained in Section I, you meet the eligibility requirements for taking FMLA leave. Please review the information below to determine if additional information is needed in order for us to determine whether your absence qualifies as FMLA leave. Once we obtain any additional information specified below, we will inform you, **within 5 business days**, whether your leave will be designated as FMLA leave and count towards the FMLA leave you have available. **If you complete and sufficient information is not provided in a timely manner, your leave may be denied.**

No additional information requested. If no additional information is requested, go to Section III.

We request that the leave be supported by a certification, as identified below:

Health Care Provider for the Employee

Health Care Provider for the Employee's Family Member

Qualifying Exigency

Serious Illness or Injury (Military Caregiver Leave)

The selected certification form is attached/ not attached.

If requested, medical certification must be returned by _____ (Must allow at least 15 calendar days from the date the employer requested the employee to provide certification, unless it is not feasible despite the employee's diligent, good faith efforts).

We request that you provide reasonable documentation or a statement to establish the relationship between you and your family member, including in *loco parentis* relationships (as explained on page one). The information requested must be returned to us by _____. You may choose to provide a simple statement of the relationship or provide documentation such as a child's birth certificate, a court document, or documents regarding foster care or adoption-related activities. Official documents submitted for this purpose will be returned to you after examination.

Other information needed (e.g. documentation for military family leave): _____. The information requested must be returned to us by _____.

If you have any questions, please contact HR for staff (ext. 2010) or FPS for faculty (ext. 3368) or view the poster located in Rowe or Warriner halls or on-line at <http://www.dol.gov/whd/fmla>.

SECTION III – NOTICE OF RIGHTS AND RESPONSIBILITIES

Part A: FMLA Leave Entitlement

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to 12 weeks of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for leave related to your own or a family member's serious health condition, or for certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right under the FMLA to take up to 26 weeks of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (Military Caregiver Leave).

The 12-month period for FMLA leave is calculated as the calendar year (January 1st-December 31st).

If applicable, the single 12-month period for Military Caregiver Leave started on _____.

Part B: Substitution of Paid Leave – When Paid Leave is Used at the Same Time as FMLA Leave

FMLA allows us to require you to use your available sick, vacation or other paid leave during your FMLA absence. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

Because you are required to use your available paid leave, you have the option to bank hours so that they are available to you upon your return; therefore, **you have chosen to bank _____ hours of vacation and _____ hours of compensatory time (if applicable)**. However, if you apply for and are granted leave time from the Serious & Catastrophic Leave bank, you will not be permitted to bank any time.

For more information about conditions applicable to sick/vacation/other paid leave usage please refer to our FMLA policy available at https://www.cmich.edu/office_president/general_counsel/Documents/p04003.pdf.

Part C: Maintain Health Benefits

Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave.

While on an unpaid FMLA leave:

- a. If you normally pay a portion of the benefit premium for your group health benefits for medical, prescription drug and dental coverage, these premium payments must continue during the period of any unpaid Family & Medical leave in order for coverage to be continued.
- b. University contributions toward medical, prescription and dental coverage will continue.
- c. The initial benefit premium payment includes the cost of coverage for the remainder of the month in which the unpaid family medical leave began as well as the full month following. The initial payment is due within 30 days of the effective date of the unpaid leave. If payment is not received by the due date, benefits will be cancelled retroactively to the first day for which payment was due.
- d. Subsequent monthly benefit premium payments must be received in the Benefits & Wellness office on or before 5:00pm on the 1st day of each month for which coverage is continued.
- e. Failure to pay the benefit premium within a 30-day grace period of the payment due date will result in a retroactive cancellation of benefits effective the first day for which the payment was due. Any claims that have already been paid by the plan for service dates that occur after the effective date of the termination of coverage may be billed to the participant and will become the responsibility of the participant to re-pay the plan.
- f. The University will provide written notice to you that payment has not been received at least 15 days before the group health coverage will cease and advise you that coverage will be cancelled unless payment is received.
- g. The University will not pay your portion of the benefit premiums while you are on leave.

If you do not return to work for at least 30 days following an unpaid Family & Medical leave for a reason other than: the continuation, recurrence or onset of a serious health condition which would entitle you to Family & Medical leave, circumstances beyond your control, end of appointment or retirement, you will be required to reimburse the University for the health and/or dental premiums paid on your behalf during your unpaid Family & Medical leave.

Part D: Other Employee Benefits

The University will not continue any benefit contributions for other benefits, which may include flexible spending accounts (health care and dependent day care), employee life insurance, long-term disability, short-term disability, spouse life insurance and child life insurance, during your unpaid FMLA leave.

Part E: Return-to-Work Requirements

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits and working conditions. At the end of your FMLA leave, all benefits must be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.

You **will** be required to present fitness-for-duty documentation prior to resuming employment, if your leave was for your own serious health condition. Your return to work will be delayed until the documentation is provided.

Part F: Other Requirements While on FMLA Leave

While on leave you (will be/ will not be) required to furnish us with periodic reports of your status and intent to return to work every _____.

If the circumstances of your leave change, and you are able to return to work earlier than expected, you will be required to notify us at least two workdays prior to the date you intend to report for work.