

## Notice of Eligibility, Rights, and Responsibilities: Family and Medical Leave Act

Instructions: Complete Part A and Part B; you may provide this form in person or by mail.

### **Part A: Notice of Eligibility**

**To:** \_\_\_\_\_  
(Employee)

**From:** \_\_\_\_\_  
(Employer Representative/Department Contact)

**Date:** \_\_\_\_\_

On \_\_\_\_\_, you informed us that you need leave beginning on \_\_\_\_\_,  
(date) (date)

**For:**

The birth of a child, or placement of a child with you for adoption or foster care;  
Your own serious health condition;  
You are needed to care for your; Spouse; Child; Parent; due to his/her serious health condition.  
You are the Spouse; Son or Daughter; Parent; is on covered active duty or call to covered active duty status with the Armed Forces.  
You are the Spouse; Son or Daughter; Parent; Next of Kin; of a covered service member with a serious injury or illness.

### **Part B: Rights and Responsibilities for Taking FMLA Leave**

As marked in Part A, you have expressed an occurrence of circumstances that warrant FMLA leave; however, in order to determine whether your absence qualifies as FMLA leave, you must **return the following information by** \_\_\_\_\_. If sufficient information is not provided in a timely manner, your leave may be denied.

**Sufficient medical certification** to support your request for FMLA leave. A Medical Certification form is enclosed and sets forth the information necessary to support your request.

**Other Information needed**, such as documentation for military family leave, or documentation required to establish the relationship between you and your family member \_\_\_\_\_.

**No additional information requested.**

If your leave qualifies as FMLA leave, and if you elect to exercise your FMLA leave, **you will have the following responsibilities** while on FMLA leave (**only checked blanks apply to you**):

Contact the Benefits Office in the Department of Human Resources, (662)325-3713, or in Room 150 McArthur Hall, to make arrangements to continue to pay your share of your health insurance in order to maintain health benefits while you are on leave. You have a minimum 30-day grace period in which to make payments. If payment is not made timely, your group health insurance may be canceled.

University policy HRM 60.201 establishes that all available major medical and personal leave balances must be exhausted prior to leave without pay. This means that you will receive your paid leave until all accruals are exhausted. Paid leave time used during your FMLA absence does, does not, or may count against your FMLA entitlement to up to 12 weeks of leave.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_ (indicate interval of periodic reports as appropriate for the particular leave situation).

If the circumstances of your leave change, you are required to notify us at least two workdays prior to the date you intend to report to work.

**If your leave qualifies as FMLA leave, you have the following rights while on FMLA leave:**

- You have a right under FMLA for up to 12 weeks of unpaid leave in a 12-month fixed year from July 1 to June 30.
- You have a right under FMLA for up to 26 weeks of unpaid leave in the 12-month period designated above to care for a covered service member with a serious injury or illness.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- 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. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA).
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control; you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- You have the right to have paid leave run concurrently with your unpaid FMLA entitlement, provided you meet applicable requirements of the leave policy. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.
- For a copy of conditions applicable to medical or personal leave please refer to policy HRM 60.201, "Leave/Leave Without Pay", available at <http://www.msstate.edu/dept/audit/PDF/60201.pdf>

Once we obtain information from you as marked above, we will inform you whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement.

\_\_\_\_\_  
Departmental Representative Signature

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Employee Signature