

## FAMILY AND MEDICAL LEAVE ACT Notice of Eligibility and Rights and Responsibilities

Employee's Name	Date
Department	HR Contact/FMLA Administrator

### **PART A – Notice of Eligibility**

To be eligible for FMLA benefits, employees must meet the following two requirements:

- Must have been employed by the state for at least a total of 12 months (does not need to be 12 consecutive months of state employment). Employment periods preceding a break in service of more than seven (7) years will not be counted; and
- Must have physically worked at least 1,250 hours for the state during the 12 months prior to the first day of taking FMLA leave.

You notified us (or we became aware) of your need to take leave due to the following on: \_\_\_\_\_ (Date)

- The birth of a child, or the placement of a child with you for adoption or foster care
- Your own serious health condition
- To care for your  spouse,  child, or  parent – due to their serious health condition
- Your status as a dependent of a covered military service member and needing:
  - "Exigency Leave" – your  spouse,  child, or  parent is on covered active duty or call to covered active duty status with the Armed Forces (applies only to families of National Guard members/Reservists)
  - "Caregiver Leave" – you are the  spouse,  child, or  parent or  next of kin of a covered service member with a serious injury or illness

This Notice is to inform you that:

- You are eligible for FMLA leave (see Part B and C for Rights and Responsibilities)
  - Your leave for this condition will be granted as FMLA leave and counted against your annual FMLA leave entitlement based on the required documentation received.
  - Your leave for this condition will tentatively be granted as FMLA leave and counted against your annual FMLA leave entitlement, provided you meet the documentation requirements listed in Part C (page 2).

**You must return a medical certification form, physician's statement or other acceptable documentation within 15 days of this notice. Please submit by \_\_\_\_\_**

- You are not eligible and your leave will not be designated as FMLA leave because:
  - You have not completed 12 months of state service
  - You have not worked the required 1,250 hours during the previous 12 months

Below are your available Workday Time Off balances on: \_\_\_\_\_ (Date)

<input style="width: 100%;" type="text"/> hours of sick leave	<input style="width: 100%;" type="text"/> hours of vacation
<input style="width: 100%;" type="text"/> hours of administrative leave	<input style="width: 100%;" type="text"/> hours of FLSA compensatory
<input style="width: 100%;" type="text"/> hours of state compensatory	<input style="width: 100%;" type="text"/> hours of floating state holiday

Please review your rights and responsibilities on page 2. You may also review System Regulation Family & Medical Leave Act at <http://policies.tamus.edu/31-03-05.pdf> and the Department of Labor website at <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf> which are excellent resources.

## PART B – Rights under FMLA Leave

- You have a right under the FMLA for up to 12 weeks of unpaid FMLA leave per fiscal year (9/1 – 8/31).
- You have a right under the FMLA for up to 26 weeks of unpaid FMLA leave per fiscal year (9/1 – 8/31) to care for a covered service member with a serious injury or illness.
- Your health benefits will be maintained while covered under FMLA under the same conditions as if you continued to work.
- You are entitled to be reinstated to the same or an equivalent position with the same pay, benefits and terms and conditions of employment on your return from FMLA-protected leave provided applicable procedures are satisfied. If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.
- If you do not provide the required medical documentation, you will not be eligible to use sick leave or have the protections of the FMLA.

## PART C – Responsibilities for Taking FMLA Leave

- You must return a medical certification form, physician's statement or other acceptable documentation for us to determine whether your absence qualifies as FMLA leave. Employers must allow employees at least 15 calendar days from the date of the notice to provide medical certification. Failure to provide sufficient documentation in a timely manner may delay or prevent your receipt of FMLA benefits.
- You must attach your position description to the certification form (if FMLA leave is for your own condition) to allow your physician to accurately assess your return-to-work status.
- You may be required to furnish recertification every 30 days if leave for this health condition continues over an extended period of time depending upon circumstances described by the medical certification.
- If applicable, you will be required to provide proof of the placement of an adopted or foster child in your home.
- You may be required to provide sufficient documentation to establish the required relationship between you and your family member.
- You may be required to provide other information needed (such as documentation for military family leave).
- While on leave for your medical condition, you will be required to report periodically (two-week intervals are recommended) to your department with updates of your status and intention to return to work.
- You will be required to use your available paid leave before you are placed in a leave without pay status, except for workers' compensation situations. If you do not meet the paid leave requirement, you remain eligible to take unpaid FMLA leave. FMLA leave runs concurrently with paid sick or vacation leave, or other paid or unpaid leave when the reasons for leave meet the FMLA criteria.
- You may use sick leave (if available) only in those instances where you or a qualifying family member needs care and assistance as a direct result of a documented medical condition.
- You will be required to present a fitness for duty certificate prior to returning to work if you are absent due to your own medical condition. If such certification is not received or is unclear, your return to work may be delayed.
- If the circumstances of your leave change and you are able to return to work earlier than initially indicated by your physician, you will be required to notify us at least two working days prior to your return.
- If you cannot return on the date given on the last note provided by your physician, you should give us appropriate notice before that date so other arrangements can be made. An updated certification from the physician will be required.
- **Insurance** – Please contact AgriLife Benefits at 979-845-2423 if you have questions regarding your insurance premiums. If you normally pay a portion of the premiums for your health and/or optional group insurances, your payments will continue through regular payroll deductions while you are on paid leave and covered under FMLA. **While on unpaid leave, you will be billed for your portion of the premiums.** You have a minimum 15-day grace period in which to make your premium payments. If payment is not made timely, your group health coverage for dependents and optional coverage may be cancelled, provided we notify you in writing at least 15 days before the date that your coverage(s) will lapse. 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 FMLA leave.