**APPENDIX C**

**NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES
(Family and Medical Leave Act)**

In general, to be eligible for Federal FMLA leave, an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. To be eligible for State FMLA leave, the employee must have worked for an employer for at least 52 consecutive weeks, have worked at least 1,000 hours during the preceding 52-week period, and work at a site with at least 50 employees on a permanent basis. This form is to be provided within five (5) business days of the employee notifying the employer of the need for FMLA leave.

**[Part A – NOTICE OF ELIGIBLITY]**

TO:
 Employee

FROM:
 Employer Representative

Date:

On , you informed us that you needed leave beginning on for:

[ ]  The birth of a child; [ ] placement of a child for adoption; or [ ] placement of a child with you for foster care (for federal leave only);

[ ]  Your own serious health condition;

[ ]  Because you are needed to care for your [ ] spouse; [ ] domestic partner (for state leave only); [ ] child; [ ]  parent; [ ]  parents-in-law (for state leave only);

[ ]  Because of a qualifying exigency arising out of the fact that your [ ] spouse; son or daughter; [ ]  parent is on covered active duty or call to covered active duty status in support of contingency operation, with deployment to a foreign country, as a member of the Armed Forces, including National Guard or Reserves.

[ ]  Because you are the [ ] spouse; [ ] son or daughter; [ ] parent; [ ]  next of kin of a covered current service member or covered veteran with a serious injury or illness.

[ ]  Because you are serving as either bone marrow or organ donor.

This Notice is to inform you that you:

[ ]  Are eligible for Federal FMLA leave (see Part B below for Rights and Responsibilities)

[ ]  Are **not** eligible for Federal FMLA leave because (only one reason need be checked, although you may not be eligible for other reasons):

[ ]  You have not met the Federal FMLA’s 12-month length of service requirement. As of the first date of requested leave, you have worked approximately \_\_\_\_\_\_\_\_ months toward this requirement.

 [ ]  You have not met the Federal FMLA’s 1,250-hours-worked requirement.

 [ ]  You do not work and/or report to a site with 50 or more employees within 75 miles.

[ ]  Are eligible for State FMLA leave (See Part B below for Rights and Responsibilities)

[ ]  Are **not** eligible for State FMLA leave because (only one reason need be checked, although you may not be eligible for other reasons):

 [ ]  You have not met the State FMLA’s 52-consecutive weeks length of service requirement. As of the first date of requested leave, you will have worked approximately weeks towards this requirement.

 [ ]  You have not met the State FMLA’s 1,000-hours-paid requirement.

 [ ]  You do not work and/or report to a site with 50 or more employees.

If you have any questions, contact the Personnel Department at 608-269-8720 or view the FMLA posted located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**[Part B – RIGHTS AND RESPONSIBILITES FOR TAKING FMLA LEAVE]**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by** . (If certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

[ ]  Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request [ ]  is/ [ ]  **is not** enclosed.

[ ]  Sufficient documentation to establish the required relationship between you and your family member.

[ ]  Other information needed:

[ ]  No additional information requested.

If your leave does qualify as FMLA leave you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

[ ]  Contact at to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (OR, indicate longer period if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

[ ]  You will be required to use your available paid [ ]  **sick,** [ ]  **vacation,** and/or [ ]  **other leave** during your Federal FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement. During any period of State FMLA leave, you have the option of substituting any accrued paid leave you may have for unpaid FMLA leave, or you may take unpaid leave.

[ ]  Due to your status within the company, you are considered a “key employee” as defined by Federal FMLA. As a “key employee,” restoration to employment may be denied following Federal FMLA leave on the grounds that such restoration will cause substantial or grievous economic injury to us. We [ ]  **have/** [ ]  **have not** determined that restoring you to employment at the conclusion of Federal FMLA leave will cause substantial and grievous economic harm to us.

[ ]  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, and you are able to return to work earlier than the date originally indicated, you will be required to notify us at least two workdays prior to the date you intend to report for work.**

**If your leave does qualify** as FMLA leave you will have the following **rights** while on FMLA leave:

* You have a right under the Federal FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:

[ ]  the calendar year (January – December).

[ ]  a fixed leave year based on .

[ ]  the 12-month period measured forward from the date of your first FMLA leave usage.

[ ] a “rolling” 12-month period measured backward from the date of any FMLA leave usage.

* You have a right under the State FMLA to the following unpaid leave entitlements on a calendar year basis:

[ ]  Up to a maximum of six (6) weeks per twelve (12) month period for the birth or adoption of a child. The leave must begin no earlier than 16 weeks before estimated birth or placement and no later than 16 weeks after birth or placement of the child.

[ ]  Up to a maximum of two (2) weeks leave per twelve (12) month period to care for a child, spouse, parent or parent-in-law, domestic partner or parent of a domestic partner who has a serious health condition.

[ ]  Up to a maximum of two (2) weeks per twelve (12) month period for the employee’s own serious health condition.

[ ]  Up to a maximum of six (6) weeks per twelve (12) month period for the purpose of serving as a bone marrow or organ donor.

* You have a right under the Federal FMLA for up to 26 weeks of unpaid (“caregiver”) leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on .
* 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 don’t 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 servicemember’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.
* If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have [ ]  **sick,** [ ]  **vacation,** and/or [ ]  **other leave** run concurrently with your unpaid leave entailment, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitles to take unpaid FMLA leave.

[ ]  For a copy of conditions applicable to sick/vacation/other leave usage please refer to the Personnel Policy Manual available at: <http://www.co.monroe.wi.us/departments/personnel>.

[ ] Applicable conditions for use of paid leave:

**Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and counted towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:**

 **Monroe County Personnel Department at 608-269-8720.**

*Source: Form WH-381; Wis. Stats. SS 103.10, SS103.11; DWD 225*