

Notice of Eligibility and Rights and Responsibilities

(Family and Medical Leave)

SECTION 1: NOTICE OF ELIGIBILITY

To: Employee's Full Name _____ OSU Employee ID# _____

From: Employer Representative's Name _____ Date _____

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

- The birth of a child or placement of a child with you for adoption or foster care.
- Your own serious health condition.
- Because you are needed to care for your immediate family member (**relationship:** _____) due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your: **spouse/domestic partner** **son or daughter** **parent** is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the: **spouse/domestic partner** **son or daughter** **parent** **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 Family and Medical Leave (FML) (See Part B below for Rights and Responsibilities).
- Are not eligible for FML because (only one reason need be checked, although you may not be eligible for other reasons):
 - You have not met the Family and Medical Leave Act's (FMLA) 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months toward this requirement.
 - You have not met the 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.

SECTION 2: RIGHTS AND RESPONSIBILITIES

As explained in Section 1, you meet the eligibility requirements for taking FML and still have FML available in the applicable 12-month period. However, for us to determine whether your absence qualifies as FML, you must return the following information to us by: _____. (If a 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 FML.
A certification form that provides 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 FML, you will have the following responsibilities while on FML (only checked blanks apply):

- You be required to use your available paid: **sick leave** and/or your available **vacation** and/or **other** leave during your FML absence. Available sick leave and vacation leave balances must be exhausted prior to applying for unpaid leave in accordance with the unpaid leave policy. This means that you will receive your paid leave and the leave also will be considered protected FML and counted against your FML entitlement.
- While on leave, you will be required to furnish 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 indicated, you will be required to notify us at least two workdays prior to the date you intend to report for work.

SECTION 2: RIGHTS AND RESPONSIBILITIES CONTINUED

If your leave does qualify as FML, you will have the following rights while on FML:

- You have a right under the FEDERAL REGULATION of FMLA for up to 12 weeks of leave in a rolling 12-month period measured backward from the date of any FML usage. Time taken will be counted concurrently toward FML and the appropriate paid or unpaid leave.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member 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 protected FML. (If your leave extends beyond the end of your FML entitlement, you do not have return rights under the FMLA.)

If you do not return to work following FML for a reason other than:

- 1) the continuation, recurrence or onset of a serious health condition that would entitle you to FML
- 2) the continuation, recurrence or onset of a covered service member's serious injury or illness that would entitle you to FML
- 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 FML

- If we have not informed you above that you must use accrued paid leave while taking your unpaid FML entitlement, you have the right to have **sick**, **vacation** or **other** leave run concurrently with your FML leave entitlement, 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 entitled to take unpaid FML.

For information about conditions applicable to sick/vacation/other leave usage, please refer to: _____

Available at: _____

Applicable conditions for use of paid leave:

Direct questions and return form and any required documentation to your department human resource professional. Keep a copy of this form for your personal records.