**ELIGIBILITY NOTICE & RIGHTS/RESPONSIBILITIES**

**Family and Medical Leave Act/California Family Rights Act**

<Employee Name> <Date>

<Employee Email or Address>

RE: Eligibility Notice & Rights/Responsibilities

Dear <name>:

**PART A – Eligibility Notice**

On <date>.we received information that you are requesting a leave of absence beginning

on <date> for <reason>\_as stated on your Leave of Absence Request Form and/or medical certification.

This is to inform you that:

 You are eligible for:

 **Family and Medical Leave (“FMLA”)**

 **California Family Rights Act (“CFRA”)** leave.

See **Part B** below for Rights and Responsibilities.

 You are **not** eligible for  **FMLA**  **CFRA** leave for the following reason(s):

 You have not met the 12-month length of service requirement under the applicable law. As of the first date of requested leave, you will have worked approximately <months> towards this requirement.

 You have not worked 1,250-hours in the last 12 months.

 You do not work and/or report to a work site with 50 or more employees within a 75-mile radius (for FMLA eligibility only).

*If you are not eligible for FMLA or CFRA leave, the rest of this form does not apply to you. However, the law requires that we provide it to you. If you have any questions, contact the*

*<title or name>. or view the FMLA/CFRA posters located on the bulletin board.*

**PART B - Rights and Responsibilities – If you are eligible for FMLA/CFRA the following applies:**

As explained in **Part A**, you meet the eligibility requirements for taking  **FMLA**  **CFRA** leave and  **FMLA**  **CFRA** leave is available to you in the applicable 12-month period. **However, before we can determine whether your absence qualifies as**  **FMLA**  **CFRA** **leave, please return the following information to us within 15 calendar days of receipt of this Notice** (if sufficient information is not provided in a timely manner, your leave may be denied):

 Sufficient medical certification to support your request for qualified leave. A medical certification form that sets forth the information necessary to support your request is enclosed. (Certification stating you are unable to perform the functions of your job due to a serious health condition).

 Sufficient documentation to establish the required relationship between you and your family member. (Certification from a health care provider stating you must care for a family member or injured/ill servicemember).

 Other information needed: documentation certifying a covered service member’s call to active duty.

You will have the following **responsibilities** while on leave:

 Contact the  . 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 30-day calendar grace period in which to make premium payments. If payment is not timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 calendar days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during qualified leave, and recover these payments from you upon your return to work. You will be given payment options if your leave is approved via the Designation Notice.

 The Company’s portion of your health insurance premium will continue until the last calendar day of the month in which FMLA and/or CFRA ends or you fail to pay the required premium, at which time you may be eligible to continue your medical coverage under COBRA.

 You will be required to use your accrued paid  **supplemental** **sick leave**  **vacation**  **PTO** during your qualified unpaid leave unless you are receiving any wage replacement benefits, such as state disability insurance, Paid Family Leave Insurance or workers’ compensation. This means that you will receive pay and the leave will also be counted against your  **FMLA**  **CFRA** leave entitlement.

 Due to your status in the organization, you are considered a "key employee" as defined in the **FMLA**. As a "key employee," restoration to employment may be denied following your leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We  **have**  **have not** determined that restoring you to employment at the conclusion of qualified 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 while on FMLA and/or CFRA leave. If the circumstances of your leave change enabling you to return to work earlier than the date specified, you will be required to notify <title or name> within 24 hours of your release to return to work.

 You may be required to furnish us with an additional certification if you request additional time off.

 Please follow the organization’s regular call-in procedures of notifying your supervisor within one hour of your scheduled shift to report any absence related to any required intermittent leave.

You will have the following **rights** while on leave:

* You have a right under the Family and Medical Leave Act or the California Family Rights Act for leave up to 12 weeks of unpaid leave in a 12-month period which is calculated based on the “rolling” 12-month period measured backward from the date you use any Family and Medical Leave or California Family Rights Act Leave, if approved.
* You have a right under the FMLA to up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. The 12-month period begins on the first day of leave.
* Your health benefits must be maintained under the same conditions as if you continued to work during any period of unpaid leave up to 12 weeks under FMLA or CFRA.
* 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 qualified leave. (If your leave extends beyond the end of your qualified leave entitlement, you do not have reinstatement rights under the law.)
* If you do not return to work following qualified leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to qualified leave; (2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to qualified leave; or (3) other circumstances beyond your control, you may be required to reimburse the organization for our share of health insurance premiums paid on your behalf during your qualified leave.
* If we have not informed you above that you must use accrued, unused paid leave while taking your unpaid qualified leave, you have the right to take accrued, unused  **PSL**  **vacation**  **PTO** during your unpaid leave, provided you meet any applicable requirements of the leave policy. Please notify <title or name>. if you would like to use any of these available accrued, unused hours during your leave.

For a copy of conditions applicable to paid leave usage please refer to
the employee handbook.

*<EMPLOYER TO EDIT THIS SECTION IF THESE PLANS AND/OR PAID LEAVES ARE AVAILABLE>*

Applicable conditions for use of paid leave: you may be eligible for Company sponsored short or long-term disability payments, State Disability Insurance, Paid Family Leave Insurance (PFLI – if caring for a family member or for baby bonding), and/or workers’ compensation benefits under those insurance plans. You may use accrued paid time, including PTO, vacation and sick time during periods when you are not receiving any wage-replacement benefits. In no case may the substitution of paid leave for unpaid leave result in you receiving more than 100% of your salary. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid leave. FMLA/CFRA time runs concurrently with any paid leave used during the approved FMLA/CFRA period.

Once we obtain the information from you as specified above, we will inform you within five (5) business days whether your leave will be designated as  **FMLA leave**  **CFRA leave** and count towards your 12-week qualified leave entitlement.

If you have any questions, please contact <title or name> at <phone number> or <email address>.

Sincerely,

<Name>

<Title>

Enclosures: Medical Certification Form