

**NOTICE OF ELIGIBILITY
AND RIGHTS AND RESPONSIBILITIES**
(FAMILY AND MEDICAL LEAVE – AM-203-2-2)



Date: [Date]

To: [Employee Name] _____

From: [Agency HR Contact] _____

Section I: Notice of Eligibility

On [date], you requested Family and Medical Leave beginning on [date] for:

- The birth of a child and/or care of a newborn child.
- Placement of a child for adoption or foster care.
- To care for a family member (spouse, child or parent) with a serious health condition.
- Unable to perform one or more essential job functions because of a serious health condition.
- Spouse, child, parent or next of kin is a covered service member or veteran with a serious injury or illness.
- Qualifying exigency arising out of the fact that a spouse, child or parent is on active duty (or call to active duty status) with the Armed Forces overseas or in support of a contingency operation.

This notice is to inform you that you:

- Are eligible for FMLA leave (See Section II below).
- Are **not** eligible for FMLA leave because:
 - You have not met the 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 1,250-hours worked requirement.

Section II: Rights and Responsibilities

As explained in Section I, you meet the eligibility requirements for taking FMLA leave and have FMLA leave available during 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 [date].** If a certification is requested, you have at least 15 calendar days from receipt of this notice to return the certification to us. Additional time may be allowed in some extenuating circumstances. If sufficient information is not provided in a timely manner, your leave may be denied.

- Please provide sufficient certification to support your request for FMLA leave.
 - A certification form that sets forth the information necessary to support your request is enclosed.
- Please provide sufficient documentation to establish the required relationship between you and your family member.
- Other information needed:

If your leave does qualify as FMLA leave, you will have the following responsibilities while on FMLA leave:

- Contact the Employee Benefits Division at (410) 396-5830 to make arrangements to continue paying your share of the premium on your health insurance to maintain health benefits while you are on unpaid leave. You have a minimum 30-day 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 your health coverage will lapse.
- You will be required to use your available paid [sick], [vacation], [compensatory], [personal], and/or [other paid] leave during your FMLA absence. This means you will receive your paid leave, and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- Due to your status within Baltimore City government, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA 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 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 as often as every 30 days.

If the circumstances of your leave change and you are able to return to work earlier than the date indicated on this form, 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 FMLA to take up to 12 weeks of leave in a 12-month period, calculated as the 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of leave in a single 12-month period to care for a covered service member or veteran of the Armed Forces with a serious, service-connected injury or illness. This single 12-month period commenced on [date].
- 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 upon 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, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave, unless you did not return for one of the following reasons:
 - 1) The continuation, recurrence or onset of a serious health condition.
 - 2) The continuation, recurrence or onset of a serious injury or illness connected with military service.
 - 3) Other circumstances beyond your control.
- 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 paid leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements as set forth in the City's Administrative Manual or an applicable Labor Agreement. These policies are available on the City's Intranet site for the Department of Human Resources and the Office of the Labor Commissioner.

If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid 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 count toward your FMLA leave entitlement.

If you have any questions, please do not hesitate to contact [HR Contact Name and Phone Number].