**INSERT SCHOOL DISTRICT NAME**

**FAMILY MEDICAL LEAVE**

**NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES**

**NOTICE OF ELIGIBILITY**

To: INSERT NAME, Employee

From: INSERT NAME, INSERT TITLE

Date: INSERT DATE

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

[ ] the birth of your child, or your own medical condition due to your pregnancy

[ ] the placement of a child with you for adoption

[ ] the placement of a child with you for foster care

[ ] your own serious health condition/serious illness that makes you unable to perform my job;

[ ] the serious health condition/serious illness of your:

[ ] Child

[ ] Stepchild

[ ] Foster Child

[ ] Ward Who Resides With You

[ ] Spouse

[ ] Parent

[ ] Parent-in-Law

[ ] a circumstance for which you are requesting **short-term parental/family leave.**

[ ] A qualifying exigency arising out of the fact that your spouse, child, or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status).

[ ] To care for a covered service member with a serious injury or illness as you are the spouse, child, parent or next of kin of the covered service member.

[ ] other (please explain).

This Notice is to inform you that you:

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

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

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

[ ] You have not met the FMLA’s 1,250 hours of service requirement. As of the first date of requested leave you will have worked approximately \_\_\_\_\_\_ hours towards this requirement.

[ ] Are eligible for VPFL leave (See Rights and Responsibilities below)

[ ] Are **not** eligible for VPFL leave, because:

[ ] You have not met the FMLA’s average of 30 hours per week for one year hours of service requirement. As of the first date of requested leave you will have an average of \_\_\_\_\_ over the last 52 weeks.

If you have any questions, please let me know.

**RIGHTS AND RESPONSIBILITIES FOR TAKING FAMILY MEDICAL LEAVE**

As outlined above, you meet the eligibility requirements for taking FMLA and VPFL leave and still have FMLA and/or VPFL leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA or VPFL leave, you must return the following information to us by INSERT DATE.** (Please note that 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 FMLA and/or VPFL 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 (such as documentation for military family leave):

[ ] No additional information requested

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

[ ] Contact INSERT NAME at INSERT CONTACT INFO to make arrangements to continue to make your share of the premium payments on your insurance to premiums maintain benefits while you are on leave. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your 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 have elected to use your available accrued paid leave leaveduring your leave. This means that you will receive your paid leave and the leave will also be considered protected FMLA and/or VPFL leave and counted against your FMLA and/or VFPL leave entitlement.

[ ] While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the 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 and/or VPFL for up to 12 weeks of unpaid leave in a 12-month period calculated on a calculated on a “rolling” 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 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 INSERT 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 on your return from FMLA and/or VPFL protected leave. (If your leave extends beyond the end of your entitlement, you do not have return rights under FMLA or VPFL.)

[ ] If you do not return to work following FMLA and/or VPFL leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA or VPFL 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 your FMLA and/or VPFL leave.

[ ] Your right to use paid leave willrun concurrently with your FMLA and/or VPFL 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 FMLA and/or VPFL leave.

[ ] For a copy of conditions applicable to accrued paid leave usage please refer to the collective bargaining agreement and/or board policy. This information can be found INSERT WHERE TO FIND.

[ ] Other applicable conditions for your leave: INSERT CONDITIONS SUCH AS THOSE PROVIDED BY THE CBA

**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 towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact me at INSERT CONTACT INFO.**