

NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES
Family and Medical Leave Act (FMLA) & California Family Rights Act (CFRA)

In general, to be eligible for Family and Medical Leave (FML), an employee must have worked for the University for at least 12 months and have worked at least 1,250 hours in the 12 months preceding the leave.

Part A – NOTICE OF ELIGIBILITY

To: _____
Employee _____ Date _____

From: _____
University Representative

On _____, you informed us that you needed leave beginning on _____ and with an anticipated end date of _____ for:

- Parental leave following the birth of a child, or placement of a child with you for adoption or foster care.
- Your own serious health condition, including pregnancy-related incapacity and prenatal care.
- The need to care for your spouse; domestic partner; child; parent due to his/her serious health condition.
- A qualifying exigency arising out of the fact that your spouse; domestic partner; son or daughter; parent who is a Covered Military Member on active duty or call to active duty status in support of a contingency operation.
- Military caregiver leave because you are the spouse; domestic partner; son or daughter; parent; next of kin of a Covered Servicemember with a serious injury or illness.

This Notice is to inform you that:

- You are eligible for FML and have FML entitlement remaining for the applicable 12-month period. (See Part B below for Rights and Responsibilities.)
- You are eligible for FML but your FML leave entitlement is exhausted for the applicable 12-month period.
- You are **not** eligible for FML because:
 - You have not met the 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 1,250-hours-worked requirement.

If you have any questions, contact _____ or view the FMLA and CFRA posters located in _____ and online, as well as applicable policies and/or collective bargaining agreement provisions.

Part B – RIGHTS AND RESPONSIBILITIES FOR TAKING FML (To be completed only if the employee is eligible and has not exhausted his/her leave entitlement.)

As explained in Part A, you meet the eligibility requirements for taking FML and still have FML leave entitlement available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FML, you should return the following information to us by _____.** When certification is requested, employees have at least 15 calendar days from receipt of this notice to provide it. Under certain circumstances, additional time may be provided. 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 sets forth the information necessary to support your request is enclosed.
- Sufficient documentation to establish the required relationship between you and your family member. The required declaration form is enclosed.
- Other information needed: _____

If your leave does qualify as FML, you will have the following **responsibilities** while on leave (only checked boxes 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 of 30 days 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 your FML, 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 FML absence. This means that you will receive your paid leave and the leave will also be considered protected FML and counted against your FML 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: _____ . *[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 in Part A of this form, you need to notify your supervisor at least two workdays prior to the date you intend to report for work.

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

- You have a right under the FMLA and/or the CFRA for up to 12 workweeks of unpaid leave in the calendar year (January-December) if you are taking leave for any FML qualifying purpose other than Military Caregiver Leave.
- You have a right under the FMLA for up to 26 workweeks of unpaid leave in a single 12-month period to care for a Covered Servicemember with a serious injury or illness (Military Caregiver Leave). This single 12-month period commenced or will commence 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 and/or CFRA-protected leave. (If your leave extends beyond the end of your FML leave entitlement(s), you do not have statutory return rights.)
- 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 which would entitle you to FML; 2) the continuation, recurrence, or onset of a Covered Servicemember's serious injury or illness which would entitle you to FML; or 3) other circumstances beyond your control, you may be required to reimburse the University for its 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 leave entitlement, you have the right to have **sick**, **vacation**, and/or **other leave** run concurrently with your unpaid 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 leave.
 - For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____
 - 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 FML and count towards your FML leave entitlement. Meanwhile, WE HAVE PROVISIONALLY DESIGNATED YOUR LEAVE AS FML. If you have any questions, please do not hesitate to contact: _____ at _____

DEPARTMENT SIGNATURE

NAME (PRINT)

SIGNATURE

DATE