



Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave)

This form must be provided to an employee within five business days (when feasible) of an employee request for leave that may be covered under the state or federal FMLA, or from when an agency learns that leave taken was for an FMLA-qualifying purpose.

PART A - NOTICE OF ELIGIBILITY

TO: _____ (name of employee)

FROM: _____ (name of agency representative who determined FMLA eligibility)

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 _____ spouse; _____ child; _____ parent; _____ parent "in-law"; _____ domestic partner; _____ domestic partner's parent; due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is a member of the regular or reserve Armed Forces and is deployed to a foreign country or has been notified of deployment to a foreign country.

_____ Because you are needed to care for your _____ spouse; _____ son or daughter; _____ parent; _____ next of kin who is a covered servicemember with a serious injury or illness incurred or aggravated in the line of active duty.

This Notice is to inform you that:

_____ You are eligible for FMLA leave under Wisconsin law; _____ You are eligible for FMLA leave under federal law.

Note. Your leave is not yet approved. This form only determines your eligibility for FMLA leave. See Part B below for employee Rights and Responsibilities. You will receive separate notice of leave approval or denial.

_____ You are **not** eligible for FMLA leave, because (only one reason need be checked):

_____ You have not met the WI FMLA requirement of more than 52 consecutive weeks of employment nor the federal FMLA requirement of 12-months of employment with any state agency.

_____ You have not met the WI FMLA requirement of at least 1,000 hours in pay status in the preceding 52-week period nor the federal FMLA requirement of 1,250 hours worked in the preceding 12-month period.

_____ You do not work and/or report to a site with 50 or more state employees within 75 miles.

_____ You have no WI or federal FMLA leave time available in the current year for the purpose you are requesting leave.

If you have any questions, contact _____, or view the WI and federal FMLA posters located _____.

PART B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE

Even if you meet the general eligibility requirements for FMLA leave and have FMLA leave time available in the current year, we may need more information before we can determine whether your absence qualifies as FMLA leave. If we request that you provide certification that your leave is FMLA leave, you have 15 calendar days from receipt of this notice to provide the certification. If a certification within 15 days is not possible or reasonable, you will be allowed additional time to respond. If sufficient information is not provided in a timely manner, your leave may be denied. **Therefore, you must return the following information to us by _____.**

_____ 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/ _____ is not enclosed.

_____ Please provide sufficient documentation to establish the required relationship between you and your family member.

Other information needed: _____

No additional information requested.

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 federal FMLA and/or Wisconsin FMLA leave entitlements. If you have any questions, please do not hesitate to contact:

_____ at _____.

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

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 30-day grace period after the due date 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 that your health coverage will lapse.

While on leave you will be required to notify _____ at _____ every _____ (indicate time frame) of your status and intent to return to work.

If the circumstances of your leave change, and you are able to return to work earlier than the date originally planned, you must notify us at least two workdays prior to the date you intend to return to work. Agencies may allow less notice at their discretion.

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

- You have a right under the federal FMLA for up to 12 weeks of unpaid leave in the calendar year.
- You have a right under the Wisconsin FMLA in each calendar year for up to:
 - 2 weeks of unpaid medical leave for your own serious health condition;
 - 2 weeks of unpaid family leave to care for your child, spouse, parent, parent “in-law”, domestic partner, or domestic partner’s parent with a serious health condition; and
 - 6 weeks of unpaid family leave for the birth of your child or adoption.
- You have a right under the federal FMLA for 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. This single 12-month period commenced on _____.
- Your health benefits must be maintained under the same conditions as if you continued to work.
- Normally, you must be reinstated to the same or equivalent job with the same pay, benefits, and terms and conditions of employment when you return from FMLA leave. (If your leave extends beyond your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than : 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember’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 leave.
- You have the right to use accrued paid leave during your FMLA leave, subject to the following:
 - 1) If you are eligible for **Wisconsin FMLA leave**, you may use sick leave or any type of vacation leave at your option.
 - 2) If you are eligible under the **federal FMLA only**, you may use accrued paid leave **only in accordance with the usual policies and procedures for the use of such paid leave**. For example, you may use sick leave only in circumstances for which the use of sick leave is authorized without regard to FMLA eligibility. As another example, you may be limited to using annual vacation leave only where you would be authorized to use annual leave without regard to FMLA eligibility, subject to any normal restrictions such as seniority picks or advance notice requirements. Applicable restrictions are noted below. **If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.**

General requirements for using paid leave, applicable for federal FMLA leave but not for Wisconsin FMLA leave

Represented employee. For information on using sick leave, annual leave, compensatory time, sabbatical leave, and personal and legal holiday leave, please see your labor agreement and workplace policies and procedures, and particularly these requirements:

Non-represented employee. For information on using sick leave, annual leave, compensatory time, sabbatical leave, and personal and legal holiday leave, please see your workplace policies and procedures, and particularly these requirements:

Note to agencies. It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. It is mandatory for employers to retain a copy of this disclosure in their records for three years.