|  |  |  |
| --- | --- | --- |
| **FAMILY AND MEDICAL LEAVE ACT (FMLA)**  **NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES** | | |
| **PART A – NOTICE OF ELIGIBILITY** | | |
| **This form only determines your eligibility for federal (FMLA) / Wisconsin (WFMLA) leave. Employees may be eligible for WFMLA and / or FMLA. Your leave is not yet approved. You will receive a separate notice of leave approval or denial once supporting documentation has been received and determined to be complete and sufficient.** | | |
| DATE ISSUED (mm/dd/yyyy) | EMPLOYEE ID # | FMLA REQUEST # |
| TO (name of employee – Last, First, M.I.) | | |
| NAME OF FAMILY MEMBER (if applicable to leave request) | | |
| COMPLETED BY (printed name and title) | | |

|  |  |  |
| --- | --- | --- |
| REASON FOR LEAVE (choose one): | | |
|  | Birth, adoption, or foster care placement. Anticipated date of delivery/placement is: | Click here to enter a date. |
|  | Employee’s own serious health condition. | |
|  | To care for a family member with a serious health condition. | |
|  | To care for a covered military service member with a serious injury or illness. | |
|  | For a qualifying exigency due to military deployment to a foreign country of the employee’s spouse, son or daughter, or parent in the regular or reserve armed forces. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **THIS NOTICE IS TO INFORM YOU THAT:** | | | |
|  | 1. You **are** eligible for WFMLA. | |  |
|  | 1. You **are not** eligible for WFMLA because: | |  |
|  | | You have not met the WFMLA 52-week consecutive length of service requirement. | |
|  | | You have not met the WFMLA requirement of being paid at least 1,000 hours in the 52-week period preceding the leave. | |
|  | | You have no WFMLA leave time available in the current year for the purpose for which you are requesting leave. | |
|  | 1. You **are** eligible for FMLA. | | |
|  | 1. You **are not** eligible for FMLA because: | | |
|  | | You have not met the FMLA 12-month (non-consecutive) length of service requirement. | |
|  | | You have not met the FMLA requirement of working 1,250 hours in the 12-months preceding the requested leave date. | |
|  | | You have no FMLA leave time available in the current year for the purpose for which you are requesting leave. | |
| **PART B – EMPLOYEE RESPONSIBILITIES FOR TAKING FMLA LEAVE** | | | |

|  |
| --- |
| **REQUIRED:** As explained in Part A, you meet the eligibility requirements for taking WFMLA and / or FMLA leave and still have leave available in the applicable 12 month period. **However, in order to determine whether your absence qualifies as WFMLA or FMLA leave, you must return the following documentation by:** Click here to enter a date. **you have fifteen (15) calendar days from receipt of this notice to submit the following documentation. If additional time is needed, you must contact Human Resources. If complete and sufficient documentation is not provided in a timely manner, your FMLA / WFMLA may be denied.** |

|  |  |
| --- | --- |
| The following certification form that sets forth the information necessary to support your request is enclosed: | |
|  | Certification of Health Care Provider for Employee’s Serious Health Condition (DOL WH-380-E) |
|  | Certification of Health Care Provider for Family Member’s Serious Health Condition (DOL WH-380-F) |
|  | Other documentation needed or additional comments: |
|  |  |
| **PART C – EMPLOYEE RIGHTS UNDER FMLA / WFMLA** | |
| If it has been determined that you are eligible for leave under WFMLA and / or FMLA leave, you will have rights under both laws when all conditions have been met as outlined in the Employee Responsibilities section of this form. | |
| **If your leave qualifies under WFMLA or FMLA, you may have the following rights:** | |
| * You have a right under FMLA for up to 12 weeks of unpaid leave in the calendar year. | |
| * You have a right under WFMLA 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 FMLA for military caregiver leave, up to 26 weeks of unpaid leave in a single 12-month period, to care for a current service member or covered veteran with a serious injury or illness. This single 12-month period commenced on   Click here to enter a date. |

|  |
| --- |
| * Other comments: |
| * Your group health plan benefits will be maintained under the same conditions as if you continued to work while on FMLA. This includes continuing to make payments of your share of the group health plan benefits. |
| * 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 / WFMLA leave. However, if your leave extends beyond your FMLA / WFMLA entitlement, you do not have return rights under the FMLA / WFMLA. |
| **You have the right to use accrued paid leave during your FMLA / WFMLA leave, subject to the following:** |
| 1. If you are eligible for **WFMLA leave**, you may substitute sick leave or any type of vacation leave at your option. |
| 1. If you are eligible for **FMLA leave**,you may use accrued paid leave **only in accordance with the usual policies and procedures for the use of such paid leave**. **If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.** |
| **NOTE:** |
| Once the complete and sufficient documentation has been received by HR, you will be informed within 5 business days (when feasible) as to whether your leave will be designated as FMLA / WFMLA and count towards your FMLA and /or WFMLA entitlement.  If you do not return to work following your FMLA / WFMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition; 2) the continuation, recurrence, or onset of a current service member’s or covered veteran’s serious injury or illness; or 3) other circumstances beyond your control, you may be required to reimburse the agency for their share of health insurance premiums paid on your behalf during your FMLA / WFMLA leave. |
|  |