

NOTICE OF ELIGIBILITY, RIGHTS, AND RESPONSIBILITIES

Date _____

[Insert Employee Name/Address]

Dear _____,

[Insert Company Name] (the Company) has received information which indicates that you might qualify for statutory leave under the Family Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA). This notice is being provided to inform you of your eligibility, rights, and responsibilities related to these leave entitlements. The first section discusses eligibility for the FMLA and/or CFRA and the second section discusses your rights and responsibilities.

I. ELIGIBILITY

The Company has reason to believe that FMLA and/or CFRA leave may be needed due to: **[check applicable reason]**

_____ The birth of a child, or placement of a child with you for adoption or foster care.

_____ Your own serious health condition.

_____ You are needed to provide care due to the serious health condition of:

_____ your spouse/registered domestic partner.

_____ your child.

_____ your parent

_____ Qualifying exigency arising out of the fact that your _____ **[Insert Family Member: Spouse/Registered Domestic Partner, Son/Daughter, Parent]** is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

_____ You are the _____ **[Insert Family Relation: Spouse/Registered Domestic Partner, Son/Daughter, Parent, Next of Kin]** of a covered service member with a serious illness or injury.

Generally, in order to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 or more employees within a 75-mile radius.

This Notice is to inform you that you are:

_____ Eligible for FMLA and/or CFRA leave. See discussion below related to your Rights and Responsibilities.

_____ Not Eligible for FMLA and/or CFRA leave because:

_____ You have not met the 12-months of service requirement. As of _____ **[insert first date of absence or first date of requested leave]**, you will have worked approximately _____ **[insert number of months employee has worked for company]** towards this requirement.

_____ You have not met the 1,250 hours-worked requirement.

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

_____ You have previously exhausted all of your available family and medical leave for the current 12-month period (as defined by Company policy).

If you have any questions regarding eligibility, please contact _____ **[insert contact]** or view the FMLA / CFRA poster which is located _____ **[insert location of posters]**

II. RIGHTS AND RESPONSIBILITIES

As explained above, you meet the basic eligibility requirements for taking FMLA and/or CFRA leave.

As of the date of this letter, you have previously used _____ **[insert days/hours previously used]** of family and medical leave during the current 12-month period (as defined by Company policy). Therefore, you currently have _____ **[insert days/hours remaining]** of remaining leave available.

However, in order for us to determine whether your absence qualifies as FMLA and/or CFRA leave, you must return the information listed below no later than _____ **[insert deadline; If medical certification is required, allow employee at least 15 calendar days from receipt of this notice. Additional time may be required if employee is not able to obtain information despite diligent efforts.]**

_____ Certification of Health Care Provider. The Company requires that you obtain a medical certification from your health care provider confirming that your absence qualifies for leave under the FMLA and/or CFRA. Please have the health care provider complete the attached Certification Form in full and return to the Company within the required time frame. Re-certification may be required if you are unable to return to work by the date that is originally identified by the health care provider.

_____ Fitness-For-Duty/Return-to-Work Certification. If your leave of absence is due to your own serious health condition, the Company requires that you provide a completed return-to-work certification as a condition of resuming your job. Prior to returning to work, you must have your health care provider complete the attached Return To Work Release certifying that you can return to work and perform your essential job duties. A list of the essential job duties related to your position is attached to this letter.

_____ Family Relationship Documentation. The Company requires that you submit sufficient documentation to establish the relationship required between you and your family member.

_____ Other necessary information: _____ **[insert any additional information needed such as proof of military service]**

If your leave qualifies as FMLA and/or CFRA leave, you will have the following RESPONSIBILITIES

while you are away on leave: **[check all that apply]**

_____ Contribute to Premium Payments. If you currently contribute to the payment of premiums for your health benefits, you must continue to make these payments while you are on leave. The first payment in the amount of \$_____ will be due on or before _____. **[insert date]** Additional payments of \$_____ will be due on the ___th day of each subsequent month that you are on approved leave. Payments should be delivered or mailed to: _____ **[insert contact name and address]**. You will have a minimum thirty-day grace period in which to make your premium payments. If payments are not received within the required time frame, your health insurance may be cancelled, provided that we notify you in writing at least 15 days before the date that your health insurance will lapse. If your health insurance is cancelled, you will be eligible for COBRA continuation coverage, and COBRA information will be sent to you at that time.

_____ Use Accrued PTO/Vacation, and/or Sick Leave. Note that any paid leave entitlements will run concurrently with any FMLA and/or CFRA time. This means that even though you may receive pay during some or all of your leave, the time will still count against your FMLA and/or CFRA entitlement.

_____ Company policy _____ **[allows / requires]** use of paid vacation/PTO while on family and medical leave. You currently have _____ **[insert number of accrued, unused vacation hours]** hours of accrued, unused vacation time available. Please advise your supervisor if you would like to use any of your available vacation time during your leave.

_____ Company policy requires use of paid sick leave during family and medical leave that is taken for an employee's own serious health condition, and allows use of accrued sick leave if the absence is based on the serious health condition of a family member. You currently have _____ **[insert number of accrued, unused sick leave]** hours of accrued sick leave. Your sick pay _____ **[may / will]** be paid out beginning on the first day you are absent. Note that if you are eligible for state disability insurance (SDI), your SDI benefits and sick leave will be coordinated so that you will not receive any more than your regular rate of pay.

_____ Due to your status within the company, you are considered a "key employee" as defined by the FMLA and/or CFRA. As a "key employee," restoration to employment may be denied following leave on the grounds that it will cause substantial and grievous economic injury to the Company. We _____ **[have / have not]** determined that restoring you to employment at the end of your leave will cause substantial and grievous economic injury.

_____ While on leave you will be required to furnish us with periodic reports of your status and your intent to return to work upon reasonable request by the Company. You will also be required to communicate with the Company if there are changes to the information given by your health care provider and/or if you do not anticipate returning to work at the end of your approved leave.

_____ You will be expected to return to work on or before the date indicated by your medical care provider. In the event that you will return to work earlier than the date indicated by your health care provider, please notify the Company no less than two workdays before the date that you intend to report to work. If you fail to return to work at the end of an approved FMLA and/or CFRA leave, or if you fail to provide medical certification for

continued leave (not to exceed twelve weeks), the Company does not guarantee reinstatement to your prior

If your leave qualifies as FMLA and/or CFRA you will have the following RIGHTS while you are on leave:

- You have a right to up to 12-weeks of unpaid FMLA and/or CFRA leave in a 12-month period as needed for your own serious health condition, to care for a family member with a serious health condition, the birth of a child or placement of a child with you for adoption or foster care, or to attend to qualifying exigencies bond with a newborn child, and/or a qualifying exigency arising out of the fact that a covered family member is on active duty or call to active duty in support of a contingency operation for the National Guard or Reserves. The Company defines the 12-month period based on: **[check appropriate calculation]**

_____ calendar year (January – December).

_____ a fixed year based on _____. **[insert months]**

_____ the 12-month period measured forward from the date of your first FMLA/CFRA usage.

_____ the 12-month period measured backward from the date of any FMLA/CFRA usage.

- You have a right to up to 26-weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious illness or injury. This single 12-month period commenced on _____. **[insert first date caregiver leave was taken]**
- Your health benefits will be maintained during any period of unpaid leave (up to a maximum of 12 or 26 weeks) under the same conditions as if you still at work and not on leave. If your leave exceeds the leave entitlement, you will be eligible for COBRA and COBRA information will be provided to you at that time.
- You are entitled to be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return from leave. If your leave extends beyond the protected 12 or 26 weeks, the Company cannot guarantee reinstatement.
- You have the right to have accrued, unused paid leave run concurrently with your unpaid FMLA/CFRA leave, provided you meet any applicable requirements of the Company's relevant leave policy. If you have questions about the Company's leave policies please contact your supervisor or refer to _____ **[insert where policy is located]**. Note that even if paid leave is not offered or available, you are still entitled to take unpaid FMLA and/or CFRA leave.

Once the Company has received the information requested above, we will inform you within 5 business days whether your leave will be designated as FMLA and/or CFRA leave and count toward your leave entitlement.

If you have any questions, please contact: **[insert contact information]**

Name: _____

Phone: _____



Sincerely,

_____ [insert Company representative]