*Instructions: This entire form should be completed by the Human Resources Manager or his/her designee. Check all that apply and complete relevant dates and other information.*

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, you informed us that you needed Family and Medical Leave Act (FMLA) coverage beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for:

\_\_\_\_Your pregnancy related disability, or the care of your newborn child or child placed with you for adoption or foster care.

\_\_\_\_Your own serious health condition.

\_\_\_\_Because you are needed to care for your \_\_\_\_spouse/domestic partner; \_\_\_\_child; \_\_\_\_parent due to his or her serious health condition.

\_\_\_\_Because of a qualifying exigency arising out of the fact that your \_\_\_\_spouse/domestic partner; \_\_\_\_son or daughter; \_\_\_\_parent is a member of a regular component of the Armed Forces and is on (or has been notified of an impending call to) active duty to a foreign country.

\_\_\_\_Because of a qualifying exigency arising out of the fact that your \_\_\_\_spouse/domestic partner; \_\_\_\_son or daughter; \_\_\_\_parent is a member of a reserve component of the Armed Forces and is on (or has been notified of an impending call to) active duty to a foreign country in a contingency operation.

.

\_\_\_\_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 FMLA leave (see below for Rights and Responsibilities)

\_\_\_\_Not eligible for FMLA leave due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have questions, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or view the Family and Medical Leave poster at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICATION

As explained above, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12 month period. However, in order for us to determine whether your absence qualifies as FMLA leave, **you must return the following information to us by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(at least 15 days from the date the employee gave notification of need for FMLA leave). If sufficient information is not provided in a timely manner, your leave may be denied.

In order to approve your leave, the following is required:

\_\_\_\_\_Sufficient certification to support your request for FMLA leave. A certification form containing 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_No additional information is required

RIGHTS AND RESPONSIBILITIES

If you do qualify for FMLA leave, you will have the following **rights** while out on FMLA leave:

* You have a right for up to

\_\_\_\_\_90 days or the equivalent to 520 hours (pro-rated for part-time employees) using a “rolling” 12-month period of unpaid leave measured backward from the date of your FMLA usage

\_\_\_\_\_26 workweeks 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 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 leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
* You may choose between having sick, vacation, compensatory time, or executive leaverun concurrently with or outside of your unpaid leave entitlement. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave. Please see the Personnel Rules on the InWeb for qualifying conditions for taking paid leave.

If you do qualify for FMLA leave, you will have the following **responsibilities** while on FMLA leave.

* You are responsible for arranging your payment of the employee’s share of monthly premiums for health insurance while you are on leave. Please contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_ to make such arrangements. Health insurance premiums are due on the 15th day of the month prior to the month for which coverage is sought. You have a 30 day grace period from the due date in which to make premium payments. If payment is not made on or before the grace period expires, your health insurance will be cancelled, provided we notify you in writing at least 15 days before the termination date that your health coverage will lapse.

* Optional insurance plans such as group term life, accidental death & dismemberment and long term disability are not covered by FMLA. If you want to continue your coverage in these plans you will be required to pay the employee and City’s portion of the monthly premium. Premiums are due by the 15th of the month for the following month. If you do not elect to continue the optional insurances, coverage can be reinstated upon your return to work provided you work at least 80 hours per month.
* 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 the City of Seattle for its share of health insurance premiums paid on your behalf during your FMLA leave.
* Your appointing authority has determined that you are\_\_\_\_\_ are not \_\_\_\_\_ responsible for completing medical recertification of FMLA every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (frequency shall not be any sooner than every 30 days).
* You must notify your human resources unit if you are released to return to work prior to expiration of your leave to schedule a return date.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.