

**Family and Medical Leave Act (FMLA)
Notice of Eligibility, Rights & Responsibilities**

PART A – NOTICE OF ELIGIBILITY

TO: _____

FROM: _____

DATE: _____

We have received your request submitted on _____, informing our office of your need to take FMLA leave beginning on _____ for:

- A serious health condition in which you are unable to perform the essential functions of your job.
- A serious health condition affecting your () spouse, () child, or () parent for which you need to provide care.
- To care for a covered service member or veteran with a serious injury or illness affecting your () spouse, () child, () parent or () next of kin.
- A qualifying exigency due to the fact that your () spouse, () child, or () parent is on covered active duty or call to covered active duty with the Armed Forces.
- The birth of a child, or placement of a child with you for adoption or foster care.

This notice is to inform you of your eligibility for Family and Medical Leave (FMLA):

- You are eligible for FMLA leave (See Part B below for Rights and Responsibilities).
- You are not eligible for FMLA leave, because:
 - () Have not met the 12-month length of service requirement.
 - () Have not physically worked at least 1,250 hours in the twelve months preceding this request.

If you have any questions, please contact the Office of Human Resources at (850) 599-3611 to speak with a representative in Time & Labor Administration.

PART B – FMLA RIGHTS AND RESPONSIBILITIES

As explained in Part A, you meet the eligibility requirements for FMLA leave and have FMLA leave available in the applicable 12-month period. To determine whether your absence qualifies as FMLA leave, you must return the following information to our office by _____ (15 calendar days from receipt of this notice). If not provided in a timely manner, your FMLA leave may be denied.

- Certification of Health Care Provider for Employee's Serious Health Condition
- Certification of Health Care Provider for Family Member's Serious Health Condition
- Certification of Qualifying Exigency for Military Family Leave
- Certification of Serious Injury or Illness of Covered Service Member for Military Family Leave
- No additional information is being requested and or required as of date

If your leave qualifies as FMLA, you will be responsible for the following while on leave:

- If you normally pay a portion of the premiums for health benefits, these payments will continue while on FMLA leave. If payment is not made in a timely manner, your health benefits will lapse. Please contact the Office of Human Resources at (850) 599-3611 to speak with a representative in Benefits to make appropriate arrangements.
- You may elect to substitute accrued paid leave for unpaid FMLA leave in accordance with the usual requirements and procedures for using accrued paid leave.
- If the need for FMLA leave is foreseeable, you must provide a 30-day advance notice of the need to take FMLA leave. If a thirty (30) day notice is not practicable, the notice must be given as soon as practicable. If you fail to provide the University with proper notification as described above, the commencement of the leave may be delayed.
- You will be required to present a fitness-for-duty certificate before being restored to employment and will need to be completed by your health care provider. Please provide this form within three (3) business days prior to your scheduled return date.

In the event anything changes and you are able to return earlier than you indicated, please contact your department to make arrangements to return at an earlier date.

You have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12 month period from July 1 through June 30.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period from July 1 through June 30 to care for a covered service member with a serious injury or illness.
- 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 the FMLA.)
- If you do not return to work following FMLA 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 service member'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 University's for our share of health insurance premiums paid on your behalf during your FMLA leave.