



FMLA Notice of Eligibility and Rights & Responsibilities

Medina County Human Resources
144 North Broadway, Room 206
Medina, Ohio 44256



In general, to be eligible an employee must have worked for their appointing authority for at least 12 months and have worked at least 1,250 hours in the 12 months preceding the leave. This form must be fully completed and provided within five business days of the employee notifying their appointing authority of the need for FMLA leave

Part A – NOTICE OF ELIGIBILITY

Employee Name (Print)	Date	Appointing Authority's Rep (Print)	Agency / Department
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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 needed to care for your ___ spouse; ___ child; ___ parent due to a serious health condition;
- Because of a qualifying exigency arising out of the fact that your ___ spouse; ___ 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.
- Because you are the _____ spouse; _____ son/daughter; _____ parent; _____ next of kin of a covered servicemember with a serious health condition or illness.

This Notice is to inform you that you:

- Are eligible for FMLA leave (See Part B below for your rights and responsibilities)
- Are **not** eligible for FMLA leave (only one reason need be checked, although you may not be eligible for other reasons):
 - Have **not** met the 12-month length of service requirement. As of the first date of your requested leave, you will have worked approximately _____ months toward this requirement.
 - Have **not** met the 1250-hours worked requirement.

If you have any questions, contact Human Resources at 330-722-9209 or view the FMLA poster located in your department.

Part B – YOUR RIGHTS & RESPONSIBILITIES FOR TAKING FMLA LEAVE

Leave Certification Status:

- The certification/information provided is complete and sufficient to determine that your absences qualify as FMLA leave.
- A certification form that sets forth the information necessary to support your request for FMLA leave is required. You must return a completed certification to a management representative of your department/agency within 15 calendar days from receipt of this notice, that date being _____. If sufficient information is not provided in a timely manner, or you fail to provide reasons preventing you from returning the required certification, your leave may be denied.
- Sufficient documentation is required to establish the required relationship between you and your family member.
- Other information needed: _____

While on FMLA leave, you will have the following responsibilities:

___ If you subscribe to either the Medical Mutual or Kaiser health insurance plans and any portion of your FMLA leave is unpaid, you must contact the Auditor’s Office at 330-725-9772 to make arrangements to continue to remit your share of the premium payments to maintain health benefits. You will have a 30-day grace period in which to make your premium payments. If payment is not made in time, the Auditor’s Office will notify you in writing at least 15 days before the date that your group health insurance coverage will be cancelled.

___ You will be required to use available hours accrued as sick, vacation, personal and comp time during your FMLA absence. As of the first day of your FMLA you have _____ **sick hours**, _____ **vacation hours**, _____ **personal day hours**, and _____ **comp time**.

___ If the circumstances of your FMLA leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify a management representative of your department/agency at least two (2) workdays prior to the date you intend to report for work.

___ Other information needed: _____

While on FMLA leave, you will have the following rights:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage. You will, however, be required to use any accrued paid time for which you are eligible to run concurrently with your FMLA entitlement.
- You have a right under the 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 _____. You will, however, be required to use any accrued paid time for which you are eligible to run concurrently with your FMLA entitlement.
- Provided you are eligible, your health benefits must be maintained by the County during any period of unpaid leave under the same conditions as if you continued to work.
- You will 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 leave. (If your leave extends beyond the end of 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 the County’s for their share of health insurance premiums paid on your behalf during your FMLA leave.

Once the information from you is obtained as specified under Part B of this form, you will informed 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 Human Resources at 330-722-9209.

PLEASE NOTE: Original to employee; send completed copy to Human Resources & retain copy for department records.