

Notice of Eligibility & Rights and Responsibilities under the Family and Medical Leave Act Form Instructions

To ensure consistency and assist with completion of the Notice Eligibility & Rights and Responsibilities form, please follow the following instructions.

Section I – Notice of Eligibility – see Leave Administration Handbook page 28 for detailed instructions

- 12 month service requirement – list the amount of service completed towards the 12 month period (includes paid time off)
- 1,250 hours of service requirement – list the amount of hours the employee has worked (does not include paid time off)
- Please contact Central Office Human Resources before checking the box related to the 50 or more employees

Section II – Additional Information Needed

- Check appropriate certification needed and attach form
- Certification return date is 15 calendar days from the date the form is given to the employee
- Check any other appropriate additional information that is needed
- Include contact name and information

Section III – Notice of Rights and Responsibilities

- The 12-month period for FMLA is calculated as:
Check the box that states: “A “rolling” 12-month period measured backward from the date of any FMLA leave usage. *(Each time an employee takes FMLA leave, the leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start.)*”
- The Research Foundation does not have “key” employees as defined under the FMLA. Check the box states: “**are not considered a key employee**”
- Check box We “**have not**” determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm.

Part B: Substitution of Paid Leave – When Paid Leave is Used at the Same Time as FMLA Leave

- At this stage of the process, the RF may not know an employee’s intent in using paid time off. In the case intended leave use is not known, Do not check any boxes.
 - After “The applicable conditions for use of paid leave include:” Write “**TBD after the certification form is received.**”
 - For more information please refer to the [Leave Administration Handbook](#) page 30

Part C: Maintain Health Benefits

- Insert contact information
- You have a minimum grace period of: Check the box that states “30 days”

Part D: Other Employee Benefits

- Complete as appropriate

Part E: Return to Work Requirements

- Narrative – no boxes to check

Part F: Other Requirements While on FMLA Leave

- Do not check any boxes. Write “TBD after the certification notice is received.”