

**MICHIGAN STATE UNIVERSITY
HUMAN RESOURCES
FAMILY AND MEDICAL LEAVE ACT
NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES,
AND DESIGNATION NOTICE
FORM ONE (1)**

In general, 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. This form is required by the University and provides employees with the information required by 29 C.F.R 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave.

**SECTION I
Part A – NOTICE OF ELIGIBILITY**

DATE: _____

TO: _____
(Employee)

FROM: _____
(Employer Representative) (Contact Number)

On _____, you informed us that you needed leave beginning on _____ for:

Reason for FMLA Leave requested (Employee):

- Birth of a child - estimated date of delivery _____ (form 2 required; if father, form 3 is required)
- Placement of a child with you for adoption or foster care - date of placement _____ (documentation from granting agency)
- Because you are needed to care for your spouse; son or daughter; parent due to his/her serious health condition. (form 3 required)
- Your own "serious health condition" (form 2 required)
- Because of a qualifying exigency arising out of the fact that your spouse; son or 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. (form 4 required)
- Because you are the spouse; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness. 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 service member with a serious injury or illness (military caregiver leave). This single 12-month period began on _____. (form 5 required) It is the department's responsibility to notify Human Resources in writing of usage of military caregiver leave. A copy of this form must be faxed to Human Resources within 5 business days of approval at 517-353-1869.

Type of FMLA Leave requested (Employee):

- Consecutive Weeks (up to 12 weeks) Beginning Date _____ Ending Date _____
- Intermittent Leave (Expected days on leave) _____
- Reduced Leave Schedule (Specify change in schedule) _____

This is to inform you that you (Employer): (check appropriate boxes, explain where indicated)

- Are eligible for FMLA leave (see part B below for Rights and Responsibilities)
- Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons).
 - You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.
 - You have not met the FMLA's 1250 hours worked requirement.

MSU may designate leave as non-FMLA qualifying and count unprotected absences against the employee for purposes of attendance and disciplinary purposes.

SECTION II

Part B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE

Employer Complete:

As explained in Section I Part A, you meet the eligibility requirement 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 (date) _____ (must be at least 15 calendar days after you are notified.) If sufficient information is not provided in a timely manner, your leave may be denied. _____ (Actual date received).

Sufficient medical certification to support your request for FMLA leave is required. A certification form that sets forth the information necessary to support your request is enclosed. Form 2 Form 3 Form 4 Form 5

Sufficient documentation from the granting agency to support your request for FMLA leave for placement of a child with you for adoption or foster care.

Sufficient documentation to establish the required relationship between you and your family member.

Other information needed: _____

Employee Complete:

If your FMLA leave is due to your own serious health condition, understand that all sick leave must be used and counted toward the maximum allowed 12 weeks of FMLA leave, *if the requirements for using accrued sick leave are met (i.e., providing physician's statement) in accordance to the appropriate collective bargaining agreement and university's sick leave and family medical leave act policies*. In addition you may authorize the use of your vacation or personal time accrued as specified below. For a family member's serious health condition understand you must use your family sick leave accruals (40-64 hours based on policy and collective bargaining agreements) prior to vacation/personal. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Vacation hours _____ Personal hours _____ Unpaid hours _____

Employer Complete:

If your leave qualifies as FMLA leave you will have the following responsibilities while on FMLA leave:

- You will be required to present a fitness-for-duty certificate if on a University leave of absence (10 days or more) prior to returning to work. If such certification is not received, your return to the payroll may be delayed until certification is provided.
- While on leave, you will will not be required to furnish us with periodic reports every _____ of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on page one of this form you will will not be required to notify us at least two work days prior to the date you intend to report for work.
- You will be required to furnish recertification relating to a serious health condition every six months.
- If you normally pay a portion of your health insurance premiums, these payments must continue during the period of FMLA leave. Arrangements for payment should be discussed with the Benefits office at 353-4434. You have a minimum 30-day grace period in which to make premium payments. If timely payment is not made, your group health plan benefits may be cancelled, provided MSU notifies you in writing at least 15 days before the date that your health coverage will lapse.

You have the right under the FMLA for:

- up to 480 hours in a fiscal year (July 1 - June 30) for the reasons listed above provided you have worked at least 1250 hours in the previous year and you have worked for MSU for at least one year;
- your health benefits to be maintained during any period of unpaid leave under the same conditions as if you continued to work;
- you to 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 you do not return to work for 30 calendar days following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition or covered servicemember's serious injury or illness which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse MSU for the share of health insurance premiums made on your behalf during your FMLA leave.

I certify that I have fully explained the following to employee requesting an FMLA leave:

- discussed and approved the leave accruals to be used during the FMLA leave.
- explained his/her rights for restoration to the same or an equivalent position upon return from leave.

Employee Signature _____ Date _____

Supervisor's Signature _____ 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.

**SECTION III
DESIGNATION NOTICE**

Employer Complete:

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, Michigan State University requires that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

NAME: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

Provided there is no deviation from your anticipated leave schedule, the following number of hours will be counted against your leave entitlement: _____

Please be advised (check if applicable):

You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

If your FMLA leave is due to your own serious health condition, you must use all of your accrued sick leave. In addition you may authorize the use of your vacation/personal time accrued.

If your FMLA leave is due to a family member's serious health condition, you must use your family sick leave accruals (40-64 hours based on policy and collective bargaining agreements) prior to vacation/personal.

Because the leave you will need will be unscheduled, it is not possible to provide the hours that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

You will be required to present a fitness-for-duty certificate prior to returning to work (If on a University leave of absence 10 days or more). If such certification is not received, your return to the payroll may be delayed until the certification is provided. A list of the essential functions of your position is is not attached. If attached the fitness-for-duty certification must address your ability to perform these functions.

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, (7 calendar days) unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. Please see highlighted areas on the attached certification or as specified below:

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA leave request is Not Approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

Approved by: _____
Employer Representative Contact Number

A copy of this completed form must be provided to the employee and a copy retained by the department.