



Family and Medical Leave Act Eligibility Notification

TO: _____:

You have requested, or otherwise provided notice, that you may need a leave of absence under the Family and Medical Leave Act, for the approximate dates of _____ until _____ for the following qualifying reason:

- The birth of a child, or placement of a child for adoption or foster care
- Your own serious health condition
- To care for a family member with a serious health condition (provide name and relationship)

- A qualifying exigency for a family member in the National Guard or Reserves called to active duty
- To care for a family member or next of kin with a serious injury or illness incurred in the line of duty while on active duty in the military (Military Caregiver Leave)

The purpose of this notice is to inform you:

- You are eligible for FMLA leave.
- You are not eligible for FMLA leave at this time because:
 - You have not worked for Fort Bend County for at least 12 months, or
 - You have not worked at least 1,250 hours in the preceding 12 months, or
 - You have already exhausted your FMLA leave entitlement

If you are eligible, **please note that your FMLA leave may not yet be approved.** You must return the appropriate certification form within 15 business days from receipt of the form. We must have a properly completed certification form in order to classify your leave as protected leave under the FMLA.

If your leave is approved as FMLA leave, the following rights and responsibilities will apply:

1. Eligible employees are entitled to a total of 12 weeks of FMLA leave in a 12 month period, (26 weeks for Military Caregiver Leave). The 12 month period is calculated on a rolling 12 month basis measured backward from the date of any FMLA leave usage.
2. You are entitled to continue medical benefits, subject to the same costs and requirements as other employees not on leave. You must continue to pay your share of the premiums, and payment must be coordinated with the Risk Management Department. Under certain circumstances, if you do not return to employment following FMLA leave, you may be required to reimburse Fort Bend County for the County's share of any premiums paid on your behalf during your FMLA leave.
3. You are entitled to reinstatement to the same or equivalent position at the same pay, benefits and terms and conditions of employment if your leave does not extend beyond the FMLA entitlement and you adhere to the listed requirements.
4. You are required to contact your supervisor on the first workday of each week to inform them of your status and intent to return to work.
5. You are required to use any accrued paid leave, including sick, vacation, compensatory and deferred time while you are on leave. If all paid leave is exhausted, the remaining leave will be without pay.
6. While on unpaid leave, you will not accrue any benefits such as vacation or sick leave, nor will you receive longevity payments.
7. You must provide re-certification of the need for leave if an extension to your original request is needed.
8. If the leave is due to your own serious illness or injury, you will be required to furnish certification from your medical provider that you are able to perform the essential functions of your position before returning to work. A job description is included with the certification form.

Signature of Department Head

Date

Further information regarding FMLA is available in the Fort Bend County Employee Information Manual, Section 704, or by contacting Human Resources at 281-341-8624



Notification of Leave Designation

TO: _____

FROM: _____

DATE: _____

This notice is to inform you that your request for leave under the FMLA is

Not approved. See below for explanation

Approved. Please note the following rights and responsibilities:

1. Absences related to this FMLA qualifying event will be designated as FMLA leave. You are eligible for up to 12 weeks of leave in a rolling twelve month period (26 weeks for Military Caregiver Leave). Based on the information available, we anticipate that _____ days/hours will be designated as FMLA.
2. You are entitled to continue medical benefits at the same rate and coverage as before the leave. If you normally pay a portion of the premium for your own or your dependent's health benefits, you must continue to make such payments during FMLA leave.
3. You must call your supervisor on the first workday of each week to inform them of your status and intent to return to work.
4. You will be required to use any accrued paid leave, including sick, vacation, deferred and compensatory time, while you are on leave. If all paid leave is exhausted, the remaining leave will be without pay.
5. While on unpaid leave, you will not accrue any benefits such as vacation, or sick leave, nor will you receive longevity payments.
6. You must provide re-certification of the need for leave if an extension to your original request is needed.
7. If this leave is due to your own serious illness or injury, you will be required to furnish certification from your medical provider that you are able to perform the essential functions of your position before returning to work. A job description will be provided to you.
8. You are entitled to reinstatement to the same or equivalent position at the same pay, benefits and terms and conditions of employment if your leave does not extend beyond the FMLA entitlement.

For employees on leave due to an injury sustained while working (**Workers Compensation Leave**): This notice is to inform you that leave taken due to your workers comp qualifying injury will also be designated as FMLA leave. This designation will in no way affect your workers compensation benefits, and you will not be required to use accrued paid leave while you are receiving workers compensation.