



FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

NOTIFICATION OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES: FAMILY AND MEDICAL LEAVE ACT

TO: _____ (Employee Requesting Leave)

DATE: _____

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

- ☐ The birth of a child or acceptance of a child for adoption or foster care
- ☐ Your own serious health condition, including pregnancy
- ☐ To care for a family member with a serious health condition
(provide name and relationship) _____
- ☐ A qualifying exigency for a family member in the United States Armed Forces who is 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 United States Armed Forces (Military Caregiver Leave)

You have indicated your leave will begin on or about _____ .

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
 - ☐ 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 for FMLA leave, please note that your FMLA leave may not yet be approved. You must return the appropriate certification form within 15 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. Failure to provide certification as requested may result in denial of leave.

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
2. Leave). The 12 month period is calculated on a rolling 12 month basis measured backward from the date of any FMLA leave usage.
3. 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 costs paid on your behalf during your FMLA leave.
4. 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.
5. You are required to contact your supervisor on the first workday of each week or other prearranged schedule to inform them of your status and intent to return to work.
6. 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.
7. While on unpaid leave, you will not accrue any benefits such as vacation or sick leave, nor will you receive longevity payments.
8. You must provide re-certification of the need for leave if an extension to your original request is needed.
9. 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 was provided to you with the certification form.

Questions regarding FMLA can be addressed with Human Resources at 281-341-8624.

Signature of Elected Official or Department Head: _____