



FMLA - Notice of Eligibility, Rights & Responsibilities

DATE: _____

TO: _____ EMPLOYEE # _____

FROM: Employee Health and Wellness

SUBJECT: Notice of Eligibility and Notice of Rights & Responsibilities (Family & Medical Leave Act)

On _____ you notified Southeast Alabama Medical Center (SAMC) of needed FMLA beginning on _____ for:

- [] the birth of your child, or the placement of a child with you for adoption or foster care.
[] a serious health condition that makes you unable to perform the essential functions of your job.
[] a serious health condition affecting your [] spouse, [] child or [] parent for which you are needed to provide care.
[] to care for an armed force services member who is your spouse, parent or child recovering from a serious injury or illness.
[] to care for an armed force services member who is your spouse, parent or child who is being deployed.
[] to care for a military veteran who is your spouse, parent or child recovering from a serious injury or illness.

This FMLA is: [] Continuous [] Intermittent [] Combination of Continuous and Intermittent

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work. You must 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. 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 or (2) other circumstances beyond your control, you may be required to reimburse SAMC for our share of health insurance premiums paid on your behalf during your FMLA leave.

3. If you have met the requirements below for providing proper certification, please proceed to #4:

You are required to furnish complete and sufficient certification utilizing the following Certification of Health Care Provider for Serious Health Condition forms: [] Employee Care [] Family Care [] Deployed Military [] Recovering Military [] Recovering Military Veteran

You have 15 calendar days to submit the form or your leave may be delayed or denied. If the form is returned to you due to an incomplete or insufficient certification, you must return the request to EH&W within seven (7) calendar days or the leave may be denied.

- 4. Whenever an employee takes FMLA, he or she will use accrued ETO and EIB before the employee will take unpaid leave. (Note: EIB may ONLY be used for self, spouse or children. Please refer to EIB Policy for definition of child.)
5. Employees must use paid benefits during FMLA unless FMLA duration exceeds accrued paid time. Paid time may be spread throughout the duration of FMLA in order to cover routine premium insurance deductions. You will receive a letter biweekly for the amount of premiums that are in arrears. As long as the premiums are paid by the due date on the letter, your benefits will remain the same. However, if premiums are not paid, your insurance will be cancelled effective the last day we received payment. Please contact Human Resources if you have any questions.
6. For your own FMLA, you will be required to present a Fitness for Duty to Return from Leave Certification Form (FDRFLC) prior to being restored to employment from continuous FMLA. If such certification is not received or does not indicate whether you can return to full duty or have restrictions, your return to work may be delayed until the required certification is provided. Near or at the conclusion of FMLA for a family member, the employee must communicate the final date to EH&W and their department director via e-mail or by written notification.
7. Recertification is required every 12 months and may be requested every six (6) months. A recertification can also be required at any time if an extension to a leave is requested, circumstances described in the last certification have changes (such as pattern of absences around an employee's scheduled days off), or the employer receives information casting doubt on the employee's stated reason for an absence or the continuing validity of the last certification (such as an employee observed in activities that are inconsistent with a need for time off due to the certified condition). The employee will be allowed 15 days from the date of the request for recertification.
8. If the circumstances of your leave change and you are unable to return to work on the expected date indicated on your approved FMLA, you will be required to provide to EH&W and your department director/supervisor a status update as soon as you are made aware of the change.