

Notice of Rights and Responsibilities (Family Medical Leave Act)

Academic Faculty, Administrative Professionals,
Veterinary and Clinical Psychology Interns,
Post Doctoral Fellows

HUMAN RESOURCES

Instructions: Complete this eligibility notice the first time in the FMLA year (a rolling twelve (12) month period, measured forward from the first date the eligible employee uses FMLA Leave to the same date twelve (12) months later) that an employee requests leave for a particular qualifying reason, and thereafter during the same FMLA leave year, ONLY if the employee's eligibility status for FMLA changes. This notice must be given within five (5) business days of the request for leave, or the date you acquire knowledge that the employee's leave may be FMLA eligible, absent extenuating circumstances. It is not necessary to complete a new eligibility notice in the FMLA leave year even if a subsequent FMLA request is for a different qualifying reason (completion of a new "Designation Notice" is required for documentation purposes). Departments must send copies of FMLA information to Benefits Unit.

Date of Notification: _____
Today's Date

To: _____
Employee

Employee ID #: _____

From: _____
Department Representative

Department: _____

Eligible employees may take up to 12 weeks in a rolling calendar year if the event qualifies under the Family Medical Leave Act (FMLA) of 1993 or the Colorado Family Care Act (CFA). The following explains the rights and obligations under family/medical leave. It also explains the consequences if you fail to meet your obligations.

On _____, you informed us that you needed leave beginning on _____ and ending on _____
for: *Date* *Date* *Date*

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child¹;
- Your own serious health condition;
- You are needed to care for your spouse², domestic partner² civil union partner² parent child³ due to their serious health condition.
- A qualifying exigency arising out of the fact that your spouse, child of any age, parent is on covered active duty or has been notified of an impending call or order to covered active duty status.
- You are the spouse² domestic partner² civil union partner² child³ parent next of kin who is a covered servicemember with a serious injury or illness.

¹ If FMLA is not utilized continuously (12 weeks), intermittent leave must be taken within 12 months from the date of birth or placement of a child for adoption, and approval of such intermittent leave is at the department's discretion, unless deemed to be medically necessary.

² "Spouse" means a person who is legally married to an eligible employee, including a common-law spouse or same-gender spouse when the applicable jurisdiction's law recognizes such marriages. "Domestic Partner" is defined under the terms of the University's benefit plan. "Civil Union Partner" is defined under C.R.S. §14-15-103.

³ "Child" includes the children of a spouse, common-law spouse, same-gender spouse, domestic partner or civil union partner under age 18 or a child 18 years old or older and incapable of self-care because of a permanent mental or physical disability.

Section 1: Notice of Eligibility

This Notice is to inform you that you are:

- Eligible** for FMLA leave (See Section 3: Rights and Responsibilities)
- Not eligible** for FMLA leave, because: (only one reason need be checked)
 - 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 toward this requirement.
 - You have not met the 1,040-hours worked requirement.

If you have questions, contact Human Resources at (970) 491-MyHR (6947)
or view the FMLA poster at <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/fmlaen.pdf>



Section 2: Additional Information Needed

As explained previously, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. In order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us within 15 calendar days from the date of this notice. **Medical certification must be returned by _____.** Once we obtain information specified below, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards the FMLA leave you have available. **If complete and sufficient information is not provided in a timely manner, your leave may be denied.**

- Provide sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is enclosed. We require that the leave be supported by a certification, as identified below.
- Health Care Provider for the Employee Health Care Provider for the Employee's Family Member
- Birth Certificate for a Newborn (*Non-Birth Parent Only*) Qualifying Exigency or Serious Illness or Injury (*Military Caregiver Leave*)
- Provide documentation to establish the required relationship between you and your family member, including in loco parentis relationships. You may choose to provide a simple statement of the relationship or provide documentation such as a child's birth certificate, a court document, or documents regarding foster care or adoption-related activities.
- Other information needed for military family leave): _____ returned by _____.
- No additional information is requested, go to Section 3.

If your leave does qualify as FMLA leave, you will have the following **responsibilities** while on FMLA leave:

Benefits - Your health benefits must be maintained during any period of paid or unpaid leave under the same conditions as if you continued to work. While on FMLA you will continue to receive your monthly CSU contribution, if any. Your insurance premiums will continue to be deducted provided there are sufficient funds to do so. If not, contact Human Resources at (970) 491-6947 to make payment arrangements for your share of the insurance premium to maintain health benefits as the FML requires you to pay timely. You have a minimum 30-day grace period in which to make premium payments. Payment for your share of the premium is due to Human Resources by the 10th of the month. If payment is not made timely, you will be notified in writing at least 15 days before the date that your health insurance coverage will be cancelled effective the last day of the month for which premiums have been paid.

Substitution of Paid Leave - According to CSU policy, while on FMLA leave, you are required to use your accumulated paid sick and annual leave prior to being placed on leave without pay, as stated in the [Academic Faculty/Administrative Professional Manual](#). Paid leave runs concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Your FMLA entitlement will run concurrently with all paid and unpaid leave time.

Department records show that as of _____ your sick leave balance is _____ and your annual leave balance is _____ hours.

Periodic Check-In - While on leave, you will be will not be required to check in periodically with reports of your status and intent to return to work including any change in circumstance to ensure that you receive all eligible benefits.

If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

Section 3: Notice of Rights and Responsibilities

If your leave does qualify as FMLA leave, you will have the following **rights** while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid, job-protected leave in a 12-month period calculated as the 12-month period measured forward from the date of your first FMLA leave usage for certain family and medical reasons, including up to 12 week of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care for leave related to your own or a family member's serious health condition or for qualifying exigencies related to deployment of a family member to covered active duty.
- You have a right under FMLA for up to 26 weeks of unpaid, job-protected leave in a single 12-month period to care for a covered servicemember with serious injury or illness (Military Caregiver Leave). This single 12-month period commenced on _____.
- 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 your employment on your return from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of (If your leave extends beyond the end of your FMLA entitlement, you do not have return to work rights under FMLA.) While on unpaid leave, you are not eligible to earn any type of paid leave. While on paid leave, you will continue to earn leave. Earned leave will be credited and available for use when you return to work on a regular basis.
- You are considered a key employee under FMLA. You cannot be denied for this reason; however, we may not restore you to employment following FMLA leave if such restoration will cause substantial or grievous economic injury to us. Additional information will be provided separately concerning your status as key employee.
- You will use available FMLA leave for any insurance pay (e.g. short or long term disability, worker's compensation, state mandated leave (if available), etc.
- You must use accrued paid leave while taking your unpaid FMLA leave entitlement. Paid leave will count against your FMLA entitlement and runs concurrently provided you meet any applicable requirements of the leave policy. If you do not meet the requirements for taking paid leave, as defined by CSU, you remain entitled to take unpaid FMLA leave. For information on eligibility for leave accrual and usage refer to the [Academic Faculty/Administrative Professional Manual](#).