Notice of Eligibility and Rights & Responsibilities

This form is for your information ONLY. Your doctor does not need this form.

In general, to be eligible to take leave under the Family and Medical Leave Act (FMLA), you must have worked for us for at least 12 months, meet the 1250 hours-of-service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. This form provides you with the information required by 29 C.F.R. §§ 825.300(b), (c) which must be provided **within five business days** of you notifying us of the need for FMLA leave. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

TO: _____

FROM: Superior Court in Mohave County

DATE: _____

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

☐ The birth of a child, or placement of a child with you for adoption or foster care;

☐ Your own serious health condition;

☐ Because you are needed to care for your (☐ Spouse; ☐ Child; ☐ Child over 18 incapable of self-care; ☐ Parent) due to his/her 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 needed to care for your family member who is a covered servicemember with a serious injury or illness. You are the servicemember's: ☐ Spouse; ☐ Child; ☐ Parent; ☐ Next of Kin. *(Military Caregiver Leave)*

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the financial or day-to-day obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary. The next of kin of a covered servicemember is the nearest blood relative, other than the covered servicemember's spouse, parent, son, or daughter.

SECTION I – NOTICE OF ELIGIBILITY

This Notice is to inform you that you are:

☐ **Eligible** for FMLA leave (See Section II for any Additional Information Needed and III for information on your Rights and Responsibilities)

☐ **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 of service requirement. As of the first date of requested leave, you will have worked approximately _____ hours towards this requirement.
- ☐ You do not work and/or report to a site with 50 or more employees within 75-miles.
- ☐ Other: _____

If you have any questions, contact Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470

SECTION II – NOTICE OF RIGHTS AND RESPONSIBILITIES

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

Part A: FMLA Leave Entitlement

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to **12 weeks** 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 certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right under FMLA to take up to **26 weeks** of unpaid, job protected FMLA leave in a single 12-month period rolling forward, which starts the date you begin leave, to care for a covered servicemember with a serious injury or illness.

The 12-month period for FMLA leave is calculated as a **"rolling" 12-month period measured backward** from the date of any FMLA leave usage.

Key Employment Designation: **You are not considered a key employee** as defined under the FMLA. Your FMLA leave cannot be denied for this reason.

Part B: Substitution of Paid Leave – When Paid Leave is Used at the Same Time as FMLA Leave

We are requiring you to use some or all of your available paid leave *(e.g., sick, vacation, PTO)* during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period. Your paid leave will first be used to pay your portion of the insurance premiums. If you are on leave for a longer period of time than your paid leave can be distributed to cover your insurance costs, you will need to make arrangement to pay your insurance premiums.

If you are on short-term disability, you do not have to use your paid leave except for paying your portion of insurance premiums. If you do not have any paid leave available, you must make arrangements to pay your portion of insurance premiums.

If you do not meet the requirements for taking paid leave, you remain entitled to take available unpaid FMLA leave in the applicable 12-month period.

For more information about conditions applicable to sick/vacation/other paid leave usage please refer to our company handbook available at Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470

Part C: Maintain Health Benefits

Your health benefits must be maintained during any period of FMLA leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave.

During any unpaid portion of FMLA leave, **you must continue to make any normal contributions to the cost of the health insurance premiums.** To make arrangements to continue to make your share of the premium payments on your health insurance while you are on any unpaid FMLA leave, contact Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470

> You have a minimum grace period of 30-days or in which to make premium payments. **If payment is not made timely, your group health insurance may be cancelled**, provided we notify you in writing at least 15 days before the date that your health coverage will lapse.
>
> **At our option, we may pay your share of the premiums during FMLA leave and recover these payments from you upon your return to work.** You may either pay the premiums directly or we can take deductions from your payroll.

Part D: Other Employee Benefits

Upon your return from FMLA leave, your other employee benefits, such as pensions or life insurance, must be resumed in the same manner and at the same levels as provided when your FMLA leave began. To make arrangements to continue your employee benefits while you are on FMLA leave, contact Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470

Part E: Return-to-Work Requirements

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-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 your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.

You will be required to notify us at least 7 seven workdays prior to the date you intend to report for work.

Part F: Checking in While on FMLA Leave

While on leave you **ARE REQUIRED** to furnish us with periodic reports of your status and intent to return to work every **WEEK** by speaking with Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470

If the circumstances of your leave change and you are able to return to work earlier than expected, you will be required to notify us at least 7 seven workdays prior to the date you intend to report for work or as soon as possible.

If you have any questions, please contact: Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470