**MOHAVE COUNTY SUPERIOR COURT**

**Notice of Eligibility & Rights and Responsibilities under the Family and Medical Leave Act**

In general, to be eligible to take leave under the Family and Medical Leave Act (FMLA), an employee must have worked for the Mohave County Superior Court for at least 12 months and must have worked at least 1,250 hours in the 12 months preceding the leave. This notice provides employees with the information required by 29 C.F.R. §§ 825.300(b), (c) which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Information about the FMLA may be found on the WHD website at [www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

Date: *(mm/dd/yyyy)*

From: *(Employer)* To: *(Employee)*

On *(mm/dd/yyyy)*, we learned that you need leave *(beginning on) (mm/dd/yyyy)*

for one of the following reasons: *(Select as appropriate)*

 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 child

 Your own serious health condition

 You are needed to care for your family member due to a serious health condition. Your family member is your:

* + Spouse  Parent  Child under age 18  Child 18 years or older and incapable of self-

care because of a mental or physical disability

 A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member on covered active duty is your:

* + Spouse  Parent  Child of any age
* 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  Parent  Child  Next of kin

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 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.

# 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 Section III for information on your 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: towards this requirement.

*(months)*

* + You have not met the FMLA’s 1,250 hours of service requirement. As of the first date of requested leave, you will have worked approximately: towards this requirement.

*(hours of service)*

If you have any questions, contact Superior Court Human Resources at 928-718-4928, extension 4470 or you can view the FMLA poster located at [www.mohavecourts.az.gov](http://www.mohavecourts.az.gov)

# SECTION II – ADDITIONAL INFORMATION NEEDED

As explained in Section I, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **Please review the below information that is needed to determine whether your absence qualifies as FMLA leave.** Once we obtain any additional 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.**

*(Select as appropriate)*

 No additional information requested. If no additional information requested, go to Section III.

 We request 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 Qualifying Exigency Serious Illness or Injury *(Military Caregiver Leave)*









Selected certification form is attached / not attached.





If requested, medical certification must be returned by *(mm/dd/yyyy) (Must allow at least 15 calendar days from the date the employer requested the employee to provide certification, unless it is not feasible despite the employee’s diligent, good faith efforts.)*

 We request that you provide reasonable documentation or a statement to establish the relationship between you and your family member, including *in loco parentis* relationships (as explained on page one). The information requested must be returned to us by *(mm/dd/yyyy).* You may choose to provide documentation such as a child’s birth certificate, a court document, or documents regarding foster care or adoption-related activities. Official documents submitted for this purpose will be returned to you after examination.

 Other information needed *(e.g., documentation for military family leave*): . The information requested must be returned to us by *(mm/dd/yyyy).*

# SECTION III – NOTICE OF RIGHTS AND RESPONSIBILITIES

## 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 the FMLA to take up to **26 weeks** of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (*Military Caregiver Leave*).

The 12-month period for FMLA leave is calculated as: *(Select as appropriate)*

* + A “rolling” 12-month period measured backward from the date of any FMLA leave usage. *(Each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start.)*
  + If applicable, the single 12-month period for *Military Caregiver Leave* started on *(mm/dd/yyyy).*

***You (*** ***are /***  ***are not) considered a key employee*** as defined under the FMLA. Your FMLA leave cannot be denied for this reason; however, we may not restore you to employment following FMLA leave if such restoration will cause substantial and grievous economic injury to us.

We ( have /  have not) determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. Additional information will be provided separately concerning your status as key employee and restoration.

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

Concurrent leave use means the absence will count against both the designated paid leave and unpaid FMLA leave at the same time. 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. Even if you do not request it, the FMLA allows us to require you to use your available Paid Time Off (PTO), EIB, Compensatory Time, or other paid leave during your FMLA absence.

*(Check all that apply)*

 **We are requiring you to use all of your available paid leave** *(e.g., PTO, EIB, Compensatory Time)* 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.

*As of pay period ending \_\_\_\_\_\_\_ you currently have the following leave balances: \_\_\_\_ PTO Hours, \_\_\_\_ EIB hours, \_\_\_\_ Compensatory Leave hours.*

 **Some or all of your FMLA leave will not be paid.** Any unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

*If you exhaust all available forms of paid leave (PTO, EIB, Compensatory Time) you will transition to an unpaid FMLA Leave status. During any unpaid portion of FMLA leave, you must continue to pay your share of the premium payments for the cost of the health insurance premiums. See below, Part C: Maintain Health Benefits.*

## 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** **the Mohave County Benefit Coordinator at 928-753-0736.**

You have a minimum grace period of 30-daysin 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, or, 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 be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave if you do not return to work following unpaidFMLA leave for a reason other than: the continuation, recurrence, or onset of your or your family member’s serious health condition which would entitle you to FMLA leave; or the continuation, recurrence, or onset of a covered servicemember’ s serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control.

## 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 the Mohave County Benefit Coordinator at 928-753-0736 to make arrangements to continue to make your share of the premium payments**.

## Part E: Return-to-Work Requirements

##  You will be required to present a fitness for duty certificate to be restored to employment. If such certificate is not timely received, your return to work may be delayed until certification is provided. Please see the attached job description for a list of the essential functions of your position. If attached, the fitness for duty certification must address your ability to perform these functions. 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 two workdays prior to the date you intend to report for 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-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.

## Part F: Other Requirements While on FMLA Leave

While on leave you ( will be /  will not be) required to furnish us with periodic reports of your status and intent to return to work every .

*(Indicate interval of periodic reports, as appropriate for the FMLA leave situation).*

Once we obtain the information from you as specified above, we will inform you within 5 business days whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact Superior Court Human Resources at 928-718-4928 or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Prepared By (Signature):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_