



State of Connecticut Human Resources

Agency Response: Notice of Eligibility and Rights and Responsibilities

To Employee Request for Leave of Absence under the Federal Family and Medical Leave Act (FMLA) and/or State C.G.S. 5-248a (Family and medical leave from employment) (To be completed by the Human Resources Unit)

Form # FMLA-HR2a
Revision Date:8/2009

This form provides employees with the information required by 29 C.F.R. 825.300 (b), which must be provided within five business days of the employee notifying the employer of the need for federal FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. 825.300(b), (c).

PART A: NOTICE OF ELIGIBILITY

TO: (Employee Name) (Agency)
FROM: (Agency Human Resources Representative) (Telephone Number)
DATE:

On (date of request), you notified us of your need to take family/medical leave from (month/day/year) to

(month/day/year) due to:

- birth of your child;
your adoption of a child;
foster child placement (Federal FMLA only)
your own serious health condition/serious illness and, if applicable, a worker's compensation injury (check below)
Worker's Compensation and Federal FMLA: From To
a serious health condition/serious illness affecting your spouse child parent
to serve as an organ or bone marrow donor (state only)
Military Family Leave - because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
Military Family Leave - because you are the spouse; son or daughter; parent; next of kin of a covered service member with a serious injury or illness.

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

Employee Spouse (check one): Your spouse works/ does not work for the State. If yes, list agency. He/she will/ will not be taking leave for the same purpose.

Federal FMLA:

In general to be eligible, an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and worked at a site with at least 50 employees within 75 miles. This notice is to inform you that you:

- Are eligible for federal FMLA Leave (See Part B below for Rights and Responsibilities)
Are not eligible for federal FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

Federal FMLA (continued)

- You have not met the federal FMLA 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 federal FMLA 1,250 hours-worked requirement. (Hours Worked: _____)
- You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in _____.

State Family/Medical Leave (C.G.S. 5-248a):

To qualify for state family/medical leave, employees must have permanent status with the state as defined in C.G.S. 5-196(20). This notice is to inform you that you:

- Are eligible for state Family/Medical Leave (See **Part B** below for Rights and Responsibilities)
- Are not eligible for state Family/Medical Leave because:
 - You are not a permanent employee in classified service under “permanent appointment” or unclassified service of more than six (6) months.

PART B: RIGHTS AND RESPONSIBILITIES FOR TAKING FEDERAL AND/OR STATE FAMILY/MEDICAL LEAVE

As explained in **Part A**, you meet the eligibility requirements for taking federal FMLA leave and/or state family/medical leave. **In order for us to determine whether the reason for your leave qualifies, you must return the following documentation to us by _____ (date). If sufficient documentation is NOT provided in a timely manner, your leave may be denied. (Check all that apply)**

- Form P33a** – Employee (for employee’s own “serious health condition” – includes pregnancy)
- Form P33b** – Caregiver (where employee is needed to care for a spouse, child, parent with a “serious health condition”)
- In the case of adoption, a letter from the adoption agency establishing the date of the adoption
- In the case of placement of a foster child with you (*federal only*), a letter from the state establishing placement date
- Form DOL-WH384** – Certification of Qualifying Exigency for Military Family Leave
- Form DOL-WH385** - Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave
- Documentation to establish the required relationship between you and your family member
- No additional certification documentation is requested.

You will also need to provide the following information: (*Check all that apply*)

- FMLA- HR1** – Employee Request for Leave of Absence
- FMLA- HR3** – Intent to Return to work

If your leave does qualify as federal FMLA leave and/or state family/medical leave, you will have the following responsibilities while on leave (only checked blanks apply):

Benefits:

During your paid and/or unpaid family/medical leave, there will be no change in your existing benefits. The State will continue to pay the same portion of your individual and dependents’ health coverage as it did prior to the leave. While on unpaid leave, however, you will be billed directly by _____ for your portion of the cost. Federal FMLA provides employees on FMLA a minimum 30-day grace period in which to make premium payments. If payment is not made timely, federal law allows the state to cancel group health insurance, provided it notifies you in writing at least 15 days before the date that your health coverage will lapse, or, at the state’s option, it may pay your share of the premiums during federal FMLA leave, and recover these payments from you upon your return to work. (**check one**) We will/ will not pay **your share** of health insurance premiums while you are on leave.

If you have state-sponsored group life insurance, _____ will bill you at the same rate you were paying prior to the leave. If you are having other deductions taken from your paycheck (e.g., disability insurance, BSL life insurance, credit union loans, deferred compensation) you should contact the vendor directly to discuss payment options.

Responsibilities *(continued)*

Sick Leave:

You will be required to use your available paid sick leave during your Federal FMLA absence if for **your own serious illness or injury**. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Key Employee:

Due to your status within the agency, you are considered a “key employee” as defined in the FMLA. As a “key employee,” restoration to employment may be denied following FMLA leave on the grounds that 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.

Periodic Reports

While on leave, you will 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 particular leave situation)

Service Credit:

Unless otherwise specified in your labor contract, leaves of absence without pay are deducted from service credit for longevity purposes. You should consult your contract’s seniority article for information on whether the time spent on unpaid leave is creditable toward general or layoff seniority. You should also consult your pension plan regarding time spent on unpaid leave.

If your leave does qualify as Federal FMLA and/or state family/medical leave, you will have the following rights while on leave:

- You have a right under the federal FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as the 12-month period measured forward from the date of your first federal FMLA leave usage.
- You have a right under the state family/medical leave (C.G.S.5-248a) law for up to 24 weeks of unpaid leave in a two-year period measured forward from the date of your first leave usage.
- You have a right under the federal FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on: _____ *(date)*.
- 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 family/medical leave. If your leave extends beyond the end of your leave entitlements, you do not have return rights under federal FMLA and/or state family/medical leave.
- If you do not return to work following family/medical leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to leave; 2) the continuation, recurrence, or onset of a covered servicemember’s serious injury or illness which would entitle you to leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your family/medical leave.
- You may have the right to have vacation, personal leave or compensatory leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policies. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid federal FMLA and/or state family/medical leave.

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 Federal FMLA and/or state family/medical leave and count towards your leave entitlement and, if approved, you will be notified about the use of accrued paid leave. (Form: FMLA-HR2b)