

**CITY OF ST. LOUIS  
NOTICE OF ELIGIBILITY AND RIGHTS &  
RESPONSIBILITIES  
(FAMILY AND MEDICAL LEAVE ACT)**

In general, to be eligible an employee must have worked for an employer for at least twelve (12) months, have worked at least 1,250 hours in the twelve (12) months preceding the leave, and work at the site with at least 50 employees within 75 miles.

**PART A: NOTICE OF ELIGIBILITY**

TO: \_\_\_\_\_  
Employee

FROM: \_\_\_\_\_  
Employer Representative

DATE: \_\_\_\_\_

On \_\_\_\_\_, you informed us that you needed leave beginning on  
Date  
\_\_\_\_\_ for:  
Date

\_\_\_ 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; \_\_\_ parent due to his/her serious health condition;

\_\_\_ Because of qualifying exigency arising out of the fact that your \_\_\_ spouse; \_\_\_ son/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;

\_\_\_ Because you are the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

\_\_\_ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

\_\_\_\_ Are **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 1,250-hours-worked requirement.

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

**PART B: RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by \_\_\_\_\_.

(If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

\_\_\_\_ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support you request \_\_\_\_ **is** / \_\_\_\_ **is not** enclosed.

\_\_\_\_ Sufficient documentation to establish the required relationship between you and your family member.

\_\_\_\_ Other information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ No additional information requested.

**If your leave does qualify** as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

\_\_\_\_ Contact \_\_\_\_\_ at \_\_\_\_\_  
Name Phone Number  
to continue to make your share of the premium payments on your health insurance to maintain health benefits and other benefits while you are on leave.

\_\_\_\_ 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.)

\_\_\_\_ Due to your status within the Department, 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.

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

**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 leave in a 12-month period, which is calculated as a 12-month period measured forward from the date of your first FMLA leave usage.
- You have a right under the 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\_\_\_\_\_.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work; however, on your return from leave, you will be required to reimburse your share (if any) of the cost.
- 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. (However, if your leave extends beyond the end of your FMLA entitlement, you do not have return rights under 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; 2) the continuation, recurrence, or onset of a covered servicemember’s serious injury or illness which would entitle you to FMLA leave; 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 FMLA leave.
- You have the right to use **medical leave, sick leave, vacation and/or compensatory time while on FMLA leave**, provided you have the time and you meet any applicable requirements of the leave policy. For applicable conditions for use of paid leave see Administrative Regulation No. 115, Sick Leave Policy, and Administrative Regulation No. 116, Medical Leave. **If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.**
- If you are taking Intermittent/Reduced Schedule FMLA, your leave will be calculated in hours proportional to your work week; e.g., if your work week is typically 40 hours, you are entitled to four hundred and eighty (480) hours of Intermittent/Reduced Schedule FMLA within a twelve (12) month period.

- Failure to submit all required documentation may result in denial of FMLA.
- Be advised that your appointing authority has the option of declaring your leave as FMLA and counting it against your annual FMLA entitlement and the twelve (12) month period of eligibility.

**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 you FMLA leave entitlement. If you have any questions, please do not hesitate to contact:**

\_\_\_\_\_ at \_\_\_\_\_  
Name Phone Number