



State of Connecticut Human Resources
Notice of Eligibility and Rights and Responsibilities
regarding Employee Request for Medical Leave, Family Leave or Military Family Leave
(To be completed by the Human Resources Office)

Form #: FMLA-HR2a
Revision Date: 12/2017

This form will:

- Notify you if you meet the eligibility criteria for one or more of the family/medical leave and military family leave benefits created by federal and state statute, state policy and collective bargaining agreements;
Notify you of the information you need to provide to Human Resources to support your request for leave;
Advise you of the rights and responsibilities you will have if you are approved to take leave.

This form does not constitute an approval of your leave request.

After Human Resources receives the information from you as specified below, you will receive a designation notice, telling you if:

- Your leave has been approved, and if so, whether it counts toward one or more of the family/medical leave and military family leave benefits created by federal and state statute, state policy and collective bargaining agreements, and how any accrued paid leave will be used; or
Your leave has been denied; or
You need to provide additional information.

This form provides employees with the information regarding their eligibility for federal FMLA leave and their rights and responsibilities for taking federal 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 _____, you notified us of your need to take family/medical leave or military family leave.

Requested Dates of Leave: From _____ To _____

Reason for Leave:

<p>Personal Medical Leave (for your own serious health condition):</p> <p><input type="checkbox"/> My own illness or injury</p> <p><input type="checkbox"/> Disability period related to my pregnancy and childbirth</p> <p><input type="checkbox"/> Organ donation</p> <p><input type="checkbox"/> Bone marrow donation</p>	<p>Caregiver Leave (care for family member in connection with her disability period related to pregnancy and childbirth, or his or her organ or bone marrow donation, or other serious health condition):</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Parent-in-law (<i>State FMLA only</i>)</p> <p><input type="checkbox"/> Child (under age 18 or age 18+ and incapable of self-care due to a disability)</p>
<p>Bonding Leave:</p> <p><input type="checkbox"/> Birth of child</p> <p><input type="checkbox"/> Adoption of child</p> <p><input type="checkbox"/> Placement of foster child (<i>Federal and state FMLA only</i>)</p>	<p>Military Family Leave:</p> <p><input type="checkbox"/> Qualifying Exigency arising out of the covered active duty of your spouse, parent, or son or daughter</p> <p><input type="checkbox"/> Military Caregiver leave for your spouse, parent, son, daughter or next of kin who is a covered servicemember</p> <p><input type="checkbox"/> Military Caregiver leave for your spouse, parent, son, daughter or next of kin who is a covered veteran (<i>Federal FMLA only</i>)</p>

Federal FMLA:

To be eligible, an employee must have worked for the 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.

_____ You are eligible for federal FMLA Leave (*See Part B and C*)

_____ You are **not** eligible for federal FMLA leave because:

(only one reason need be checked, although you may not be eligible for other reasons)

_____ 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. (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.

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

State Family/Medical Leave (C.G.S. 31-51kk):

_____ You are eligible for state FMLA Leave under C.G.S. 31-51kk. (*See Parts B & C*)

_____ You are **not** eligible for state FMLA leave under C.G.S. 31-51kk because:

(only one reason need be checked, although you may not be eligible for other reasons)

_____ You have not met the state 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 state FMLA 1,000 hours-worked requirement. (As of the first date of requested leave, you will have worked approximately _____ hours towards this requirement.)

Supplemental Leave under SEBAC 2017:

To qualify for supplemental leave, you must be a “permanent” employee as defined in C.G.S. 5-196(19).

_____ You are eligible for supplemental leave. (*See Parts B & C*)

_____ Are not eligible for supplemental leave because

_____ You are an employee in classified service who has not successfully completed your required initial working test period.

_____ You are an employee in unclassified service who has not served in your position for at least six (6) months.

Pregnancy Disability Leave (C.G.S. 46a-60(a)(7)):

_____ Pursuant to C.G.S. 46a-60(a)(7) you are entitled to take a reasonable leave of absence for the disability resulting from your pregnancy.

Bone Marrow or Organ Donation leave (*available after January 1, 2018*):

_____ As a state employee you are eligible to take leave up to 15 days for organ donation and up to 7 days for bone marrow donation.

PART B: DOCUMENTATION NEEDED TO ASSESS YOUR LEAVE REQUEST

As indicated above, you meet the **eligibility requirements** for one or more of the family/medical leave or military family leave entitlements available to employees of the State of Connecticut. In order for us to determine whether **the reason for your leave qualifies** under the family/medical leave or military family leave entitlements available to employees of the State of Connecticut, the agency Human Resources Office needs additional information.

You must return the following documentation to Human Resources by _____ (*date*). (*Check all that apply*)

_____ **Form P33a – Employee** - To substantiate the **employee’s own “serious health condition”** – including pregnancy.

_____ **Form P33b – Caregiver** -To substantiate that the employee is needed to **care for a spouse, child, parent, or parent-in-law** with a “serious health condition”.

_____ **Bonding with a newborn child** - A written statement asserting that the requisite family relationship exists, or other documentation such as a child’s birth certificate or a court document.

_____ **Adoption** - A written statement asserting that the requisite family relationship exists, or other documentation such as child’s adoption papers or a court document.

_____ **Placement of a foster child with you** – A written statement asserting that the requisite family relationship exists, or other documentation, such as 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 **Current Servicemember** for **Military Caregiver Leave**.

_____ **Form DOL-WH385-V** – Certification for Serious Injury or Illness of a **Veteran** for **Military Caregiver Leave**.

_____ Documentation to establish the required relationship between you and your family member.

_____ No additional certification documentation is requested.

If sufficient documentation is NOT provided in a timely manner, your leave may be denied.

You will also need to submit the following completed forms: (*Check all that apply*)

_____ **FMLA- HR1** – Employee Request for Leave of Absence

_____ **FMLA- HR3** – Intent to Return to Work

This form provided by the Department of Administrative Services

PART C – RIGHTS AND RESPONSIBILITIES FOR TAKING FAMILY/MEDICAL OR MILITARY FAMILY LEAVE

If your leave does qualify as family/medical leave or military family leave, you will have the following responsibilities while on leave:

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, you will be billed directly by _____ for your portion of the cost.
- Federal FMLA provides employees on FMLA leave 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,
- Under federal law, the State has the option of paying your share of the premiums during federal FMLA leave, and recovering these payments from you upon your return to work.
 - ***(check one)*** The State ____will/ ____will not pay **your share** of health insurance premiums while you are on leave.
- If you have state-sponsored group life insurance and are unpaid leave, you will be billed 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.

Sick Leave:

You will be required to use all of your available sick leave accruals during your family/medical leave absence if the absence is for **your own serious illness or injury**. This means that you will use your sick leave accruals and the leave will also be considered protected family medical leave and counted against your family medical leave entitlement.

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)

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

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.

Key Employee:

Federal FMLA defines “key employee” as a salaried, FMLA-eligible employee who is among the highest paid 10 % of all the employees working for the employer within 75 miles of the employee’s worksite.

- Under federal FMLA, the employer may deny individuals designated as a “key employee” reinstatement to their positions following their FMLA leave.
- The State of Connecticut does not designate any employees as “key employees” under federal FMLA.

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

- You have a right under the federal FMLA for up to 12 workweeks of leave (unpaid or paid using accruals) in a 12-month period which is calculated as the 12-month period **measured forward from the date of your first federal FMLA leave usage.**
 - You have a right under the federal FMLA for up to 26 workweeks of leave (unpaid or paid using accruals) in a single 12-month period to care for a covered servicemember or a covered veteran with a serious injury or illness. This single 12-month period commences on the first day that you take leave for this purpose.
 - You have a right under the state FMLA for up to 16 workweeks of leave (unpaid or paid using accruals) in a 24-month period which is calculated as the 24-month period **measured forward from the date of your first state FMLA leave usage.**
 - You have a right under the state FMLA for up to 26 workweeks of leave (unpaid or paid using accruals) in a single 24-month period to care for a covered servicemember or a covered veteran with a serious injury or illness. This single 24-month period commences on the first day that you take leave for this purpose.
 - Your health benefits must be maintained during any period of unpaid federal or state family/medical 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 federal or state family/medical leave. If your leave extends beyond the end of your federal FMLA leave entitlements, you do not have return rights under federal FMLA. If your leave extends beyond the end of your state FMLA leave entitlements, you do not have return rights under state FMLA.
 - If you do not return to work following federal or state 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 the State for the employer's share of health insurance premiums paid on your behalf during your family/medical leave.
 - You have the right to have vacation, personal leave or compensatory leave run concurrently with your federal or state family/medical 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 or state family/medical leave.
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(Form: FMLA-HR2b)