

## Notice of Eligibility and Rights & Responsibilities Family and Medical Leave Act

**TO BE COMPLETED BY DEPARTMENT, DIVISION OR ELECTED OFFICE  
WITHIN FIVE BUSINESS DAYS WHEN NOTIFIED AN EMPLOYEE MAY NEED LEAVE**

Employee Requesting Leave

Employee ID Number

Agency Contact

On \_\_\_\_\_, you informed us/we became aware that you needed leave beginning on \_\_\_\_\_  
for (check one):

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

Your own serious health condition

To care for the serious health condition of your:

<input type="checkbox"/> Spouse	<input type="checkbox"/> Adult Designee	<input type="checkbox"/> Child/Dependent Child of an Adult Designee
<input type="checkbox"/> Parent	<input type="checkbox"/> Next of kin of a covered service member with a serious injury illness	

Because of a Qualifying Exigency arising out of a family member's (check family relationship below) active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves:

<input type="checkbox"/> Spouse	<input type="checkbox"/> Adult Designee
<input type="checkbox"/> Parent	<input type="checkbox"/> Child/Dependent Child of an Adult Designee

To care for a Covered Member with a serious injury or illness who is your:

<input type="checkbox"/> Spouse	<input type="checkbox"/> Adult Designee	<input type="checkbox"/> Child/Dependent Child of an Adult Designee
<input type="checkbox"/> Parent	<input type="checkbox"/> Next of kin	

**This Notice is given that you (check one):**

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 met not the required 1,250 of actual hours worked during the 12-month period immediately prior to the requested leave date. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ hours towards this requirement.

If you have any questions, contact \_\_\_\_\_ at \_\_\_\_\_ OR \_\_\_\_\_

Contact an HR Employee Relations team member at 385-468-0570.

**IF THE EMPLOYEE QUALIFIES FOR FMLA LEAVE, THE DEPARTMENT, DIVISION OR ELECTED OFFICE MUST COMPLETE PART B.**

**Part B - Rights and Responsibilities If Eligible for FMLA (to be completed by agency):**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave (1,250 hours worked in the last 12 months and one year employment). If you want to apply for FMLA leave, you must return the following information to us by \_\_\_\_\_ in order for us to determine whether your absence qualifies as FMLA leave (check all that apply). (If certification is requested, employee has 15 calendar days from receipt of this notice to submit; additional time may be required in some circumstances.)

Sufficient certification to support your request for FMLA leave. A **certification form** is enclosed and is available at the [Salt Lake County Human Resources website](#)

Sufficient documentation to establish the relationship between you and your family member

Other information needed:

Comments:

**If sufficient information is not provided in a timely manner, your leave may be denied.**

**If you apply for and are granted FMLA leave, you have the following responsibilities while on FMLA:**

- You are to contact HR Benefits at (385) 468-0580 to make arrangements to continue health insurance while you are on leave. You have a minimum 30-day grace period in which to make health insurance premium payments.
- You are obligated to ensure your use of FMLA leave is properly recorded on your time card.
- While on leave you may be required to furnish periodic reports of your status and intent to return to work. Notification of this requirement will be included in the Designation Notice.

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

**You have the following rights while on FMLA leave:**

- You have a right under the FMLA for up to 12 weeks of unpaid leave in any 12 month period or, in the case of Military Caregiver Leave, of up to 26 weeks of unpaid leave in a single 12-month period measured forward from the date the first FMLA leave begins.
- Under Salt Lake County HR Policy 4-600, *Family and Medical Leave Act (FMLA)*, FMLA leave runs concurrently with paid leave. Employees are required to exhaust paid leave balances prior to being eligible for unpaid FMLA leave. Paid leave shall be exhausted in the following order: 1) parental leave; 2) personal preference day; 3) sick leave; 4) vacation. 5) administrative leave; and 6) compensatory time.
- 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 FMLA-protected leave. If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under the FMLA policy, but may have return rights under the Human Resources Leave Practices policy.
- 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 Service Member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you will be required to reimburse the County for its share of health insurance premiums paid on your behalf during your FMLA leave.

Once we obtain the information as specified above, we will inform you within five (5) business days whether your leave will be designated as FMLA and counted against your FMLA leave entitlement. **If you have any questions, please do not hesitate to contact:** \_\_\_\_\_ at \_\_\_\_\_.

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**Additional Comments or Instructions to Employee**