

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 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. This notice provides all required information as noted on the WH-381 form and must be provided within five business days of the employee notifying the employer of the need for FMLA leave. This notice also provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c). For Vermont residents, if there are differences under Vermont Family and Parental Leave (VPFL), they will be noted below.

To: _____

From: _____

Date: _____

Method of Delivery: _____

On _____, you informed us that you needed leave beginning on _____ for:

- 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 their serious health condition.
- Because of a qualifying exigency arising out of the fact that your spouse; child; parent is on covered active duty or call to covered active duty status with the Armed Forces.
- Because you are the spouse; child; parent; next of kin of a covered service member with a serious injury or illness.

You told us that you have the following general reason for leave: _____.

You have been/will be out of the office on excused absence since/beginning on _____.

This Notice is to inform you that you:

- Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- Are eligible for VPFL leave (See Part B below for Rights and Responsibilities)
- Are **not eligible** for FMLA leave, because (only one reason need be checked below, although you may be ineligible 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 toward this requirement.
 - You have not met the FMLA's hours of service requirement.

Part B – Rights and Responsibilities for Taking FMLA Leave

You are eligible for FMLA because you have met the act’s length of service and hours of service requirements. Absences due to serious health condition(s) are covered by the federal FMLA and the Vermont Parental and Family Leave Act (VPFL). Any FMLA absence is also subject to and will run concurrently with UVM leave policies.

- You are eligible for up to twelve weeks of unpaid leave (_____hours) under FMLA in a rolling twelve month period measured backward from the date of any FMLA leave usage.
- You are eligible under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period commenced on _____.
- In order for us to determine whether your absence qualifies as FMLA leave, you must submit appropriate medical documentation in support of your leave (a WH-380-E or 380-F, attached) on or before _____. **If sufficient information is not provided in a timely manner, your leave request(s) may be denied and your absence unprotected. Unexcused absences may lead to disciplinary action.**

As of _____, you had:

- _____ hours of accrued sick time,
- _____ hours of vacation time,
- _____ hours of personal time, and
- _____ cultural holiday hours available to you.

Under FMLA, you may substitute accrued leave time in accordance with UVM policies to continue your pay. Please notify me of your intent to use accrued leave time or not. In the event you exhaust your accrued leave time, your leave will become unpaid. Any leave designated as FMLA leave and protected as such will count against (be deducted from) the total number of hours to which you are entitled as set forth above.

UVM contributions to your medical, dental, group life and LTD benefits will continue throughout the entire FMLA leave (assuming that you had these benefits at the outset of your leave) and provided that you continue to make your share of the 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. If you have any questions about your benefits, please contact benefits@uvm.edu. Please note that during any unpaid portion of the leave, UVM contributions to your retirement plan will cease, vacation and medical time will not accrue, and tuition remission will not be available.

While on leave, you are expected to furnish me with periodic reports of your status and intent to return to work. If the circumstances of your leave change, and you are able to return to work earlier than the date anticipated, 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:

- 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/VPFL-protected leave. (If your leave extends beyond the end of your FMLA/VPFL entitlement, you do not have return rights under FMLA/VPFL.)
- 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 may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

For a copy of conditions applicable to sick/vacation/other leave usage please refer to the applicable university policies, handbooks, or collective bargaining agreements available at uvm.edu/hrs or call 656-3150, or e-mail HRInfo@uvm.edu for more information. You can check which benefits you receive by viewing your "Benefits Summary" in PeopleSoft HR Self Service.

If you believe that you need an accommodation to perform the essential functions of your job due to a disability, you may contact the Americans with Disabilities Act (ADA) Coordinator, Amber Fulcher, at 656-0945 to discuss accommodations. If you or your family members need support during this time, you may call the University's Employee Assistance Program, managed by Invest EAP, at 866-660-9533, or 802-864-3276.

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 uvmler@uvm.edu.

A copy of this letter will be kept in your departmental file.

Attachment: WH-380-E or WH-380-F