

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

(Form 1003)

In general, to be eligible an employee must have worked for an employer for at least a cumulative total of 12 months within the past seven years, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. This form provides employees with the information required by 29 C.F.R. § 825.3000 (b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. §825.3000 (b), (c).

[PART A- NOTICE OF ELIGIBILITY]

TO: _____
Employee

FROM: _____
Department Representative (Supervisor/Manager/Department HR)

DATE: _____

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; ___ Duke registered same sex spousal equivalent; ___ child; ___ parent due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your ___ spouse; ___ Duke registered same sex spousal equivalent; ___ 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.
- Because you are the ___ spouse; ___ Duke registered same sex spousal equivalent; ___ son or daughter; ___ parent; ___ next of kin of a covered service member 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.
 - You have exhausted your FMLA entitlement.
 - 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 policy at www.hr.duke.edu or contact Corporate HR at 919-684-5600.

[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 required, 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 your 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):

____ You have a minimum 30-day grace period in which to make premium payments. Payments for premiums are due by the 25th of each month, prior to the month of coverage. Payments should be sent to Benefits Accounting, Box 90484, Durham, NC 27708. Personal checks, money orders or cashier's checks are accepted and should be made payable to "Duke University." Please include your Duke Unique ID and reason for payment (i.e., FMLA) on the memo line. If payment is not made timely, your group medical insurance may be cancelled provided Duke notifies you in writing at least 15 days before the cancellation of your medical benefits occur.

____ Due to your status within Duke, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following the 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 this form, you will be required to notify us as least two workdays prior to the date you intend to report for work.

If you fail to notify your supervisor 14 days prior of your request for extension, or decide not to return from an approved leave of absence by the conclusion of your leave, you will be considered to have resigned your position voluntarily or your department may terminate your employment after the 12- week period allotted to you by the Family Medical Leave Act.

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 calculated as a "rolling" 12-month period measured backward from the date of any 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 service- member 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.
- You must be reinstated to the same or 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 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 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.
- You must use any accrued time in the form of vacation, sick leave, discretionary / designated holidays, or Paid Time Off (STB/LTB/COB) prior to taking an unpaid leave of absence (except during periods when receiving benefits from the Duke Voluntary Short Term Disability Plan).

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: _____ at _____.

Department Representative Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Please use the **FMLA Submission Tool** to send FMLA requests to EOHV for review and approval determination.

Please note that this doesn't change your internal process, it is simply a portal to submit cases.

https://duke.qualtrics.com/jfe/form/SV_e9capxEfsazgZdc