(Attention: This document is a template and the department preparing the letter will need to select the options on some statements that apply to its unique situation.)

Campus/Department Letterhead

(Today's Date) (Date should be within five business days of being notified of employee’s need for leave.)

Dear (Employee's Name):

**Part A: Eligibility Notice**

You have requested leave due to:

Type of leave: (choose one)

[ ]  the birth or adoption of a child, or the placement of a child with you for foster care; or

[ ]  a serious health condition that makes you unable to perform the essential functions of your job (which may include any period of incapacity due to pregnancy, or for prenatal care; may also include work related injury); or

[ ]  a serious health condition affecting your spouse/child/parent for whom you are needed to provide care; or

[ ]  a qualifying exigency arising out of the fact that your spouse/son or daughter/ parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves; or

[ ]  because you are the spouse/son or daughter/ parent/ next of kin of a covered servicemember with a serious injury or illness.

Duration of leave: (choose one)

[ ]  You expect the leave to begin on (date) and to continue until on or about (date).

[ ]  You expect the leave to be taken on an intermittent basis beginning (date) and continuing until (date).

Pursuant to federal law, the Family and Medical Leave Act (FMLA), eligible employees have a right for up to 12 weeks of unpaid leave in a 12-month period for the following reasons: 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 or parent due to his/her serious health condition; or because of a qualifying exigency arising out of the fact that your spouse, son or daughter, or parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves. Eligible employees have a right for up to 26 weeks of unpaid leave in a 12-month period if the employee is the spouse, son or daughter, parent or next of kin of a covered servicemember with a serious injury or illness. Employees are eligible if they have worked for the University of Missouri for at least one year, and for 1,250 hours in the previous 12 months.

Eligibility: (choose one)

You are [ ] eligible [ ]  not eligible for leave under the FMLA. If you are eligible, please see Part B for Rights and Responsibilities.

 If not eligible state reason:

[ ]  You have not been employed with the University for at least one year.

[ ]  You have not worked for the University for at least 1,250 hours in the previous twelve (12) months.

[ ]  Your twelve (12) weeks of leave eligibility has been exhausted.

[ ]  Your twenty-six (26) weeks of leave eligibility for servicemember leave has been exhausted.

**Part B. Rights and Responsibilities for Taking FMLA Leave**

Certification Requirements: You meet the eligibility requirements for taking FMLA leave available in the applicable 12-month period. However, in order to determine whether your absence qualifies as FMLA leave, you must return the following information to us within 15 days of your receipt of this Eligibility Notice. 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 enclosed.

[ ]  Sufficient documentation to establish the required relationship between you and your family member.

[ ]  Other information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  You will not be required to provide certification.

Amount of available leave:

If your leave does qualify as FMLA leave, you will have the following responsibilities while on FMLA leave:

1. Use of paid time:
2. The University requires that accrued vacation time and other paid leave programs available must be used as part of the FMLA leave. After paid time off balances are exhausted, FMLA leave is without pay.
3. For Work Related Injuries: Time off for an injury related to work will be designated as FMLA and you may elect to use paid leave as specified under University of Missouri policy (see Human Resource Policy HR407).
4. The university will continue benefit programs in which you are enrolled at the time of FMLA leave. In order for the coverage to be continued, you will be responsible for your portion of the cost while on unpaid leave. You should discuss arrangements for payment with your Faculty and Staff Benefits office:

[ ]  Columbia, Extension, and UM Health Care: (573) 882-2146

[ ]  UMKC: (816) 235-1621

[ ]  UMSL: (314) 314-516-5805

[ ]  Missouri S&T: (573) 341-4241

1. If you are returning to work from your own serious health condition, you will be required to provide a fitness-for-duty certification prior to being restored to employment. If such certification is not received, your return to work may be delayed until the certification is provided.
2. If the circumstances of your leave change, and you are able to return to work earlier than the date indicated previously on this form, you will be required to notify us at least two workdays prior to the date you intend to return for work.
3. 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.)
4. 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 entitled 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; 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.

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 me.

Sincerely,

Human Resource/Department Representative

cc:

 Human Resource Services

enc:

 Human Resource Policy HR 407 Family & Medical Leave Act, and Q & A's.

 University of Missouri Physician/Practitioner Certification form

 Notice to Employees of Rights under FMLA (WH Publication 1420) form

 Human Resource Policy HR 409 Absence Due to Work Incurred Injury or Illness (if applicable)