



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

Notice of Eligibility:

Date: _____

To: _____ (Name, Job title, Employee ID)

From: FML Coordinator, DNR Office of Human Resources

On ___/___/___ you informed us that you needed leave beginning on ___/___/___ for the following reason:

- Your own serious health condition.
- The birth of a child placement of a child with me for adoption foster care.
- To care for your spouse child parent due to his/her serious health condition.
- A qualifying exigency arising out of the fact that your spouse son or daughter parent is on active duty, or has been called to or on active duty, in a foreign country.
- You are the spouse son or daughter parent next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty in the Armed Forces.
- Because of a qualifying need related to a public health emergency.

This notice is to inform you that you:

- Are eligible for Family and Medical Leave (FML) (See Rights and Responsibilities section below.)
- Are **not** eligible for FML, because:
 - You have not met the FMLA 12-month length of service requirement. As of the first date of requested leave, you have worked approximately _____ months towards this requirement.
 - You have not met the FMLA 1250 hours-worked requirement.
 - You have met both the FMLA length of service and hours-worked requirements but do not have any FML available in the applicable 12-month period.

Rights and Responsibilities for Taking FML:

As explained above, you meet the eligibility requirements for taking FML and still have FML available in the applicable 12-month period. However, in order for us to determine whether or not your absence qualifies as FML, you must return the following information to us by ___/___/___ .

- Sufficient certification to support your request for FML. 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 needed: _____
- No additional information requested.

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

cc: Supervisor