

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

**TO BE COMPLETED BY EMPLOYEE**

**PART A – NOTICE OF ELIGIBILITY AND REQUEST**

Under the Family Medical Leave Act, to be eligible an employee must have worked for an employer for at least 12 months, 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. **Part B** provides employees with information regarding their rights and responsibilities for taking FMLA leave.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

I am requesting leave 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 his/her serious health condition.
- \_\_\_ Because of a qualifying exigency arising out of the fact that your \_\_\_ spouse; \_\_\_ 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; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

Leave will begin \_\_\_\_\_ and continue until \_\_\_\_\_  
Date Date

Number of days of FMLA leave I have used in the past twelve (12) months: \_\_\_\_\_

*This form contains medical related information and must be maintained in files separate from employee personnel files, with only designated persons having access.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER**

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

If you have any questions, contact **Tony Bell or Lisa Hart at 596-2522** or view the FMLA poster located in your designated department bulletin area.

**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 requested, you have 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(s) to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request **X 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:  
    You will be required to use your available paid    **X** sick,    **X** vacation, and/or    **X** other leave during your FMLA absence. This means that you will receive your paid leave until paid leave runs out and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

**X** Once your available paid    **X** sick,    **X** vacation, and/or    **X** other leave during your FMLA absence is exhausted, you will need to do the following:

**X** Contact **Stephany Smith** at **596-3543** to make arrangements to continue to pay your portion of the group health premium by certified funds or a check payment. The County’s obligation to maintain health coverage ceases if an employee’s premium payment is more than 30 days late. If an employee’s payment is more than 15 days late, the County will send a letter notifying the employee that coverage will be dropped on a specified date unless the payment is received before that date.

   **X** Due to your status within the company, you are considered a “key employee” as defined in the FMLA. As a “key employee,” restoration to employment may be denied following 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.

**X** While on leave you will be required to furnish us with periodic reports of your status and intent to return to work at least **1x Week**.

**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 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:

   **X** You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period. The twelve month calculation period used by Spartanburg County for FMLA leave is the calendar year (January –December), provided that all criteria have been met in order to qualify for this leave.

    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 \_\_\_\_\_.

   **X** Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.

   **X** 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 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.

if we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have  **sick**,  **vacation**, and/or  **other leave** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid 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: Tony Bell or Lisa Hart at 596-2522.**

**Lisa P. Hart**

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

cc: Tony Bell, HR Director  
EE Medical File