

This form must be provided to an employee within five business days (when feasible) of an employee request for leave that may be covered under state or federal FMLA, or from when an agency learns that leave taken was for an FMLA-qualifying purpose.

Part A: Notice of Eligibility

Name of Employee: _____

Name of UW Representative Who Determined FMLA Eligibility: _____

Date of Notice: _____

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; parent “in-law”, domestic partner; or domestic partner’s 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 covered active duty or called to covered active duty status due to foreign deployment with the Armed Forces.
- Because you are the spouse; son or daughter; parent; next of kin of a current servicemember with a serious injury or illness

This Notice is to inform you that:

- You are eligible for FMLA leave under Wisconsin and/or Federal law.
NOTE: This form only determines your eligibility to use FMLA/WFMLA. Your leave is not yet approved. See Part B below for Rights and Responsibilities. You will receive a separate notice of leave approval or denial.
- You **are not** eligible for FMLA leave, because (only one reason need be checked):
- You have not met the WI FMLA requirement of more than 52 consecutive weeks of employment nor the federal FMLA requirement of 12-months of employment with any state agency.
 - You have not met the WI FMLA requirement of at least 1,000 hours in pay status in the preceding 52-week period nor the federal FMLA requirement of 1,250 hours worked in the preceding 12-month period.
 - You have no WI or federal FMLA leave time available in the current calendar year for the purpose you are requesting leave.

Please direct eligibility questions to: _____

See <https://www.wisconsin.edu/ohrwd/benefits/leave/fmla/> for provisions, including links to the WI and federal FMLA posters.

Part B: Rights and Responsibilities for Taking FMLA Leave

Even if you meet the general eligibility requirements for FMLA leave and have FMLA leave time available in the current calendar year, we may need more information before we can determine whether your absence qualifies as FMLA leave. If we request that you provide certification that your leave is FMLA leave, you have 15 calendar days from receipt of this notice to provide the certification. If a certification within 15 days is not possible or reasonable, you may contact us to request additional time to respond. If sufficient information is not provided in a timely manner, your leave may be denied. **Therefore, you must return the following information to us by _____.**

- Please provide 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.
- Please provide sufficient documentation to establish the required relationship between you and your family member.
- Other information needed: _____
- No additional information requested.

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 federal FMLA and/or Wisconsin FMLA leave entitlements. If you have any questions, please do not hesitate to contact:

UW Representative Contact Name: _____

UW Representative Contact Phone/Email: _____

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

- If you will be taking an UNPAID FMLA leave you must make arrangements to pay your share of the monthly premium(s) for insurance coverage. Insurance coverage will be lapsed or cancelled for late or non-payment of premiums per plan contract provisions. Contact your institution's human resources office to discuss insurance premiums and arrange payments within 5 business days of the start of your unpaid leave of absence.

Name of Benefits Contact: _____

Phone/Email of Benefits Contact: _____

- You indicated that you would like to use paid leave during your FMLA/WFMLA leave. As long as you remain on payroll, your benefit deductions will remain active and your benefits will continue. If any portion of your leave is unpaid, contact your human resources office to arrange payment of your share of benefit premiums.
- While on leave you will be required to notify (_____) of your status and intent to return to work at (_____) every (Frequency: _____).

If the circumstances of your leave change, and you are able to return to work earlier than the date originally planned, you must notify us at least two workdays prior to the date you intend to return to work. At our discretion, we may allow notice of less than two days.

If your leave does qualify as FMLA leave you will have the following **rights** while on FMLA leave:

- You have a right under the federal FMLA for up to 12 weeks of unpaid leave in the calendar year.
- You have a right under the Wisconsin FMLA in each calendar year for up to:
 - 2 weeks of unpaid medical leave for your own serious health condition;
 - 2 weeks of unpaid family leave to care for your child, spouse, parent, parent "in-law", domestic partner, or domestic partner's parent with a serious health condition; and
 - 6 weeks of unpaid family leave for the birth of your child or adoption.
- You have a right under the federal FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a current servicemember with a serious injury or illness.
- Your health benefits must be maintained 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 leave. If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under the 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 current 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.
- You are not required to use paid leave during FMLA leave, but you can use paid leave during FMLA leave, subject to the following:
 - * If you are eligible for **Wisconsin FMLA leave**, you may use sick leave or any type of paid leave at your option.
 - * If you are eligible under the **federal FMLA only**, you may use accrued paid leave **only in accordance with the usual policies and procedures for the use of such paid leave**. For example, you may use sick leave only in circumstances for which the use of sick leave is authorized without regard to FMLA eligibility. You may use vacation leave only where you would be authorized to use leave without regard to FMLA eligibility, subject to normal restrictions such as seniority or advance notice requirements. Applicable restrictions are noted below. **If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.**
 - * You have the right to have sick, vacation, other leave run concurrently with your unpaid FMLA leave entitlement, provided you meet applicable requirements of the leave policy.

General requirements for using paid leave, applicable for federal FMLA leave but not for Wisconsin FMLA leave

For restrictions on using sick leave, annual leave, compensatory time, banked leave, and personal and legal holiday leave, please see your workplace policies and procedures as outlined at: <https://www.wisconsin.edu/ohrwd/policies/ups-operational-policies/#Benefits>

Note to UW Institutions: It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. It is mandatory for employers to retain a copy of this disclosure in their records for three years.