

State of Connecticut Human Resources

Notice of Eligibility and Rights and Responsibilities

Agency Response to Employee Request for Leave of Absence under the Federal Family and Medical Leave Act (FMLA) and/or State Family/Medical Leave (C.G.S. 5-248a)

(To be completed by the Human Resources Department)

Form #: **FMLA-HR2a**Revision Date: 11/2016

This form provides employees with the information required by 29 C.F.R. 825.300 (b), which must be provided within five business days of the employee notifying the employer of the need for federal FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking federal FMLA leave, as required by 29 C.F.R. 825.300(b), (c).

	(Employee Name)		(Agency)
FROM: _	(Agency Human Resources Representative)		
DATE:	(Agency Human Resources Representative)		(Telephone Number)
On	, you notified us of your need to	take family/medical le	eave.
	ates of Leave: from	to	<u> </u>
· ·	eave: (check applicable reason)		
birth o			
	adoption of a child;		
	child placement (federal only)	.d :f1:	an's some ansation in immy (-LL L -l)
•	own serious health condition/serious illness an Worker's Compensation	ia, ii applicable, a work	er's compensation injury (check below)
	worker's Compensation ous health condition/serious illness affecting y	our enouse	ahild parant
	we as an organ or bone marrow donor	our spouse	_ cilild parent
	ry Family Leave - Qualifying Exigency arising	ng out of the fact that v	our
	spouse; son or daughter;		
	ry Family Leave – Caregiver because you are		
	of a covered servicemember or c	covered veteran (<i>tedera</i>	<i>Lonly</i>) with a "covered serious injury or illness"
(or a covered servicemember or c	covered veteran (<i>federa</i>	l only) with a "covered serious injury or illness."
		v	
If the circum	astances of your leave change, and you are a	able to return to work	earlier than the date indicated above,
If the circum		able to return to work	earlier than the date indicated above,
If the circum you will be r	astances of your leave change, and you are a equired to notify us <u>at least two workdays</u> p	able to return to work prior to the date you in	earlier than the date indicated above, ntend to report to work.
If the circum you will be r Employee S	astances of your leave change, and you are a	able to return to work prior to the date you in / does not work for	earlier than the date indicated above, ntend to report to work. or the State of Connecticut.
If the circum you will be r Employee S	equired to notify us at least two workdays prouse (check one): Your spouseworks/	able to return to work prior to the date you in / does not work for	earlier than the date indicated above, ntend to report to work. or the State of Connecticut.
If the circum you will be r Employee S If yes, list ager	stances of your leave change, and you are a equired to notify us at least two workdays propose (check one): Your spouseworks/	able to return to work prior to the date you in / does not work for	earlier than the date indicated above, ntend to report to work. or the State of Connecticut.
If the circum you will be r Employee S If yes, list ager	stances of your leave change, and you are a equired to notify us at least two workdays propose (check one): Your spouseworks/	able to return to work prior to the date you in / does not work to will/ will not	earlier than the date indicated above, intend to report to work. or the State of Connecticut. be taking leave for the same purpose.
If the circum you will be r Employee S If yes, list ager Federal FM In general to be hours in the 12	stances of your leave change, and you are a equired to notify us at least two workdays propose (check one): Your spouseworks/ icy He/she LA: e eligible, an employee must have worked for an emonths preceding the leave.	able to return to work prior to the date you in / does not work to will/ will not	earlier than the date indicated above, intend to report to work. or the State of Connecticut. be taking leave for the same purpose.
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If the circum you will be r Employee S If yes, list ager Federal FM In general to be hours in the 12 This notice is	stances of your leave change, and you are a equired to notify us at least two workdays propose (check one): Your spouseworks/ icy He/she LA: e eligible, an employee must have worked for an emonths preceding the leave.	able to return to work prior to the date you in / does not work fo will/ will not employer for at least 12 me.	earlier than the date indicated above, intend to report to work. or the State of Connecticut. be taking leave for the same purpose. onths and have worked at least 1,250

Are not eligible for federal FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

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Federal FMLA (continue	
	You have not met the federal FMLA 12-month length of service requirement. As of the first date of
	requested leave, you will have worked approximatelymonths towards this requirement. You have not met the federal FMLA 1,250 hours-worked requirement. (Hours Worked:)
	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 poster
located in	·
State Family/Medica	l Leave (C.G.S. 5-248a):
	/medical leave, you must be a permanent employee as defined in C.G.S. 5-196(19).
This notice is to inform	
Are eligible for	state Family/Medical Leave (See Part B below for Rights and Responsibilities)
	for state Family/Medical Leave because
	are an employee in classified service under a "permanent appointment" who has not successfully completed
	required initial working test period. are an employee in classified service who is not under a "permanent appointment."
You	are an employee in unclassified service who has not served in your position for at least six (6) months.
Pregnancy Disability	Leave (C.G.S. 46a-60(a)(7)) only:
	ou are not eligible for leave under federal FMLA or state family/medical leave, you are entitled to take a leave
of absence for t	he disability resulting from your pregnancy.
PART B: RIGHT	TS AND RESPONSIBILITIES FOR TAKING FAMILY OR
MEDICAL LEAV	
WEDICHE EEN	
You meet the eligibilit	y requirements for taking family or medical leave.
	rmine whether the reason for your leave qualifies as federal FMLA leave and/or state
	you must return the following documentation to us by(date).
(Check all that apply)	
Form P33A – E	mployee (for employee's own "serious health condition/serious illness" – includes pregnancy)
Form D33R C	aregiver (where employee is needed to care for a spouse, child, parent with a "serious health
condition/serior	
In the case of h	onding with a newborn child, a written statement asserting that the requisite family relationship exists,
	entation such as the child's birth certificate or a court document
I., th.,f. o.	
	loption, a written statement asserting that the requisite family relationship exists, or other documentation d's adoption papers or a court document
	acement of a foster child with you (<i>federal only</i>), a written statement asserting that the requisite family sts, or other documentation such as a letter from the state establishing placement date
•	I384 – Certification of Qualifying Exigency for Military Family Leave
Form DOL-WI	H385 - Certification for Serious Injury or Illness of Current Servicemember for Military Family Leave
Form DOL-WI	H385-V – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave (federal only)
Documentation	to establish the required relationship between you and your family member
No additional c	ertification documentation is requested.
If sufficient documents	ation is NOT provided in a timely manner, your leave may be denied.
Von will also noo	d to provide the following information: (Check all that apply)
	ILA- HR1 – Employee Request for Leave of Absence
	ILA- HR3 – Intent to Return to work

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If your leave does qualify as federal FMLA leave and/or state family/medical leave, you will have the following responsibilities while on leave:

Benefits:

- During your paid and/or unpaid family/medical leave, there will be no change in your existing benefits.
- The State will continue to pay the same portion of your individual and dependents' health coverage as it did prior to the leave.
- While on unpaid leave, you will be billed directly by ______ for your portion of the cost.
- Federal FMLA provides employees on FMLA leave a minimum 30-day grace period in which to make premium payments.
- If payment is not made timely, federal law allows the state to cancel group health insurance, provided it notifies you in writing at least 15 days before the date that your health coverage will lapse,
- Under federal law, the State has the option of paying your share of the premiums during federal FMLA leave, and recovering these payments from you upon your return to work.
 - o (check one) The State will/ will not pay your share of health insurance premiums while you are on leave.
- If you have state-sponsored group life insurance, ______ will bill you at the same rate you were paying prior to the leave.
- If you are having other deductions taken from your paycheck (e.g., disability insurance, BSL life insurance, credit union loans, deferred compensation) you should contact the vendor directly to discuss payment options.

Sick Leave:

You will be required to use all of your available paid sick leave during your federal FMLA absence if the absence is for **your own serious illness or injury.** This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Periodic Reports

While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work every (Indicate interval of periodic reports, as appropriate for the particular leave situation)

Service Credit:

Unless otherwise specified in your labor contract, leaves of absence without pay are deducted from service credit for longevity purposes.

- You should consult your contract's seniority article for information on whether the time spent on unpaid leave is creditable toward general or layoff seniority.
- You should also consult your pension plan regarding time spent on unpaid leave.

Kev Employee:

Federal FMLA defines "key employee" as a salaried, FMLA-eligible employee who is among the highest paid 10 % of all the employees working for the employer within 75 miles of the employee's worksite.

- Under federal FMLA, the employer may deny individuals designated as a "key employee" reinstatement to their positions following their FMLA leave.
- The State of Connecticut does **not** designate any employees as "key employees" under federal FMLA.

If your leave does qualify as federal FMLA and/or state family/medical leave, you will have the following rights while on leave:

- You have a right under the federal FMLA for up to 12 workweeks of unpaid leave in a 12-month period which is calculated as the 12-month period measured forward from the date of your first federal FMLA leave usage.
- You have a right under the state family/medical leave (C.G.S.5-248a) law for up to 24 work weeks of unpaid leave in the two-year period **measured forward from the date of your first leave usage**.
- You have a right under state family/medical leave (C.G.S.5-248a) law for up to 26 workweeks of unpaid leave in a single two-year period to care for a covered servicemember with a serious injury or illness. This single 24-month period commenced on:_______(date).
- 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 an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from family/medical leave. If your leave extends beyond the end of your leave entitlements, you do not have return rights under federal FMLA and/or state family/medical leave.
- If you do not return to work following family/medical leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to 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 family/medical leave.
- You may have the right to have vacation, personal leave or compensatory leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policies. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid federal FMLA and/or state family/medical leave.

Within 5 business days of receiving the information specified above, your Human Resources Department will notify you whether:

- Your leave has been approved, whether it counts toward your federal FMLA and/or state family/medical leave entitlement, and how any accrued paid leave will be used;
- Your leave has been denied; or
- You need to provide additional information to your Human Resources Department.

(Form: FMLA-HR2b)