

STATE OF WEST VIRGINIA FEDERAL FAMILY and MEDICAL LEAVE ACT (FMLA) and/or STATE PARENTAL LEAVE ACT (PLA)

Notice of Eligibility and Rights and Responsibilities

In general, to be eligible for federal Family and Medical Leave Act (FMLA) leave, 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. The employer must provide the employee with this information within five (5) business days of the employee notifying the employer of the need for FMLA leave.

In general, to be eligible for State Parental Leave Act (PLA) leave, an employee must have been hired for permanent employment and worked for at least 12 consecutive weeks performing paid services within West Virginia for any department, division, board, bureau, agency, commission, or other unit of State government, or any county board of education in the State. County Health Departments are not eligible for PLA leave.

Part B provides employees with information regarding their rights and responsibilities for taking FMLA and/or PLA leave.

Part A: NOTICE OF ELIGIBILITY

TO: Jane Doe
(employee name)
FROM: HR Name
(employer representative)
DATE: Date you provided this notice
On Date Employee Advised You of Leave , you informed us that you needed leave beginning
(date)
on Date Employee started leave or will start leave for the following reason:
(date)
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 dependent [PLA] due to his or her serious health condition.
Because of a qualifying exigency arising out of the fact that your spouse child 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 child parent next of kin of a covered service member with a serious injury or illness.

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 no 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.
Other (Explain):
AND
Are eligible for PLA leave (See Part B below for Rights and Responsibilities)
Are not eligible for PLA leave, because (only one reason need be checked, although you may not eligible for other reasons):
You have not met the 12-week length of service requirement. As of the first date of request leave, you will have worked approximately months towards this requirement.
Other (Explain):
If you have any questions, contact HR Name and Telephone Number or view th
FMLA poster located in Attached
PART B: RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE
As explained in Part A, you meet the eligibility requirements for taking PLA and/or FMLA leave and still hav PLA and/or FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as PLA and/or FMLA leave, you must return the following information to us be
(date) 15 calendar days from the date of this notice is provided
Sufficient certification to support your request for PLA and/or FMLA leave. A certification form that sets forth the information necessary to support your request 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 a certification is requested, employers must allow 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.
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If you and/o	or leave does qualify as PLA and/or FMLA leave you will have the following responsibilities while on PLA or FMLA leave (only checked blanks apply):				
ឝ	arrangements to continue to make premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.				
X	You will be required to use your available paid sick, annual, and compensatory time during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your leave entitlement. [NOTE: The employee is required to exhaust all annual leave and appropriate sick leave if he or she only qualifies for leave under PLA.]				
	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.				
ដ	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):				
	week two weeks month				
	other (specify) Every 30 days or after every follow up appointment whichever is sooner.				
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 PLA and/or FMLA leave you will have the following rights while on FMLA leave:					
•	You have a right for up to 12 weeks of unpaid leave in a 12-month period calculated as a "rolling" 12-month period measured backward from the date of any leave usage.				
6	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 (date)				
•	Your health benefits under the FMLA must be maintained during any period of unpaid leave under the same conditions as if you continued to work. If requesting leave under PLA, you will be required to pay the entire premium to maintain health benefit coverage.				
•	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. You must be reinstated to the same position under PLA-protected leave. (If your leave extends beyond the end of your PLA and/or FMLA entitlement, you do not have return rights.)				
•	If you do not return to work following FMLA leave for a reason other than:				
	 the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 				

	the continuation, recu which would entitle ye	nrence, or onset of a covered serou to FMLA leave; or	rvice member's serious injury or illness			
	other circumstances be health insurance premi	eyond your control, you may be r iums paid on your behalf during y	equired to reimburse us for our share of our FMLA leave.			
•	If we have not informed you above that you must use accrued paid leave while taking your FMLA leave entitlement, you have the right to have sick, annual, and/or other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy.					
Applicab meet the	ole conditions related to the su requirements for taking paid l	ubstitution of paid leave are refer leave, you remain entitled to take	enced or set forth below. If you do not unpaid FMLA leave.			
X	For a copy of conditions appl	icable to sick/annual/other leave (usace niesse refer to			
	Administrative Rule	available at: Attac				
		available at.				
Applicable conditions for use of paid leave:						
Once we o	obtain the information from yo	ou as specified above, we will info	orm you, within five (5) business days,			
whether ye	our leave will be designated a	s PLA and/or FMLA leave and c	ount towards your PLA and/or FMLA			
Administra	ative Rule, W. VA. CODE R.	\$143-1-1 et sea., also provides t	nd PLA, the Division of Personnel's for leave, both paid and unpaid, if an			
empioyee	meets engionity requirements	s and requests the leave for a on	Bliffying event If the leave qualifies			
unaer bour	n the lederal and State law, a	and/or the <i>Administrative Rule</i> , to use to the state to use to the state the state to the state th	the leave entitlement under each will			
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	AUTHORIZED		7			
SIGNATU	RE.		DATE: Date			