



**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: (employee name)

FROM: (employer representative)

DATE:

On (date), you informed us that you needed leave beginning

on (date) for the following reason:

- 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 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.
 - 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 be eligible for other reasons):
 - You have not met the 12-week length of service requirement. As of the first date of requested 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 the 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 have 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 by

(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.

- 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 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.

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.

For a copy of conditions applicable to sick/annual/other leave usage please refer to available at: .

Applicable conditions for use of paid leave:

Once we obtain the information from you as specified above, we will inform you, within five (5) business days, whether your leave will be designated as PLA and/or FMLA leave and count towards your PLA and/or FMLA leave entitlement. In addition to the leave available under FMLA and PLA, the Division of Personnel's *Administrative Rule*, W. VA. CODE R. §143-1-1 *et seq.*, also provides for leave, both paid and unpaid, if an employee meets eligibility requirements and requests the leave for a qualifying event. If the leave qualifies under both the federal and State law, and/or the *Administrative Rule*, the leave entitlement under each will exhaust concurrently. If you have any questions, please do not hesitate to contact:

Name:

Phone: Email:

AGENCY-AUTHORIZED
SIGNATURE: _____

DATE: