

College

**Eligible employees are entitled to up to 12 weeks of unpaid job-protected leave for certain family and medical reasons within the calendar period, September 1 - August 31.**

- **To be eligible, an employee must have worked for CUNY for at least 12 months and have worked at least 1,250 hours in the 12 months preceding the leave.**
- **The notice of eligibility must be provided within 5 business days of the employee notifying CUNY of the need for FMLA leave.**

**PART A: NOTICE OF ELIGIBILITY**

Date       **To:** Name  Empl. ID   
**From:** Name

**On Date**  **you informed us that you were requesting leave for**

- |  |   |
|--|---|
| <input type="checkbox"/> Birth of a child; to care for your newborn child<br><input type="checkbox"/> Placement of child with you for adoption or foster care<br><input type="checkbox"/> Your own serious health condition<br><input type="checkbox"/> To care for your family member with serious health condition | <input type="checkbox"/> Because of a qualifying exigency arising out of the fact that your family member * is on covered active duty or call to covered active duty status with the Armed Forces (* check below)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent<br><br><input type="checkbox"/> Because you are the family member/next of kin* of a current servicemember/veteran with a serious injury or illness (* check below)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Next of kin |
|--|---|

**Requested Begin Date**

**This notice is to inform you that you are** *(only one reason must be checked)*

- Eligible for FMLA Leave** *(See Part B for Rights and Responsibilities)*
- Not eligible for FMLA leave because**
  - You have not met the FMLA's 12-month service requirement.  
As of the first date of requested leave, you will have worked approximately  towards this requirement.
  - You have not met the FMLA's 1,250 hours of service requirement.

**For questions, please contact** Name /Tel. #  or view the FMLA poster located in Human Resources.

**PART B: RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE**

You meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order to determine whether your absence qualifies as FMLA leave, you must return the following information to us by this date:

- The Certification of Healthcare Provider form
- Certification of Family Relationship Form
- The Certification of Healthcare Provider form is NOT complete. Please submit by date noted above
- Certification of Family Relationship Form is NOT complete. Please submit by date noted above
- Other information needed Provide the following:

No additional information is requested

**If additional certification is requested, CUNY gives you at least 15 calendar days from receipt of this notice to return the forms. Additional time may be required in some circumstances. If sufficient information is not provided in a timely manner, your leave may be denied.**

**FAMILY AND MEDICAL LEAVE ACT (FMLA)  
Notice of Eligibility and Rights and Responsibilities**

Once we obtain the information from you as specified on this form, 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 your leave qualifies as FMLA leave, you will have the following responsibilities while on FMLA leave (only checked items apply)

Make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-days (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.

Contact  Phone Number

You will be required to use your available paid sick, annual, and/or other leave\* 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 FMLA leave entitlement.

\* Available Sick Leave  \* Available Annual Leave  \* Available Other Leave

While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work (should be appropriate for the particular leave situation) Periodic report time

**If the circumstances of your leave change and you are able to return to work earlier than the date indicated Page 1 of this Form, you will be required to notify us at least 2 work days prior to the date you intend to report for work.**

**If your leave qualifies as FMLA leave, you will have the following rights while on FMLA leave:**

1. You have a right under the FMLA for up to 12 weeks of unpaid leave in a fixed leave year from September 1 through August 31.
2. 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 or veteran with a serious injury or illness. This single 12-month period commenced on this date
3. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
4. 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).
5. 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 CUNY for our share of health insurance premiums paid on your behalf during your FMLA leave.
6. 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 the following 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. (\* check applicable)  
 \* Sick leave     \* Annual leave     \* Other leave    **Conditions applicable to sick/annual/other leave usage are available on the CUNY website (OHRM-Benefits)**

**If you have any questions, please contact**

Name / Telephone #