



Diocese of Rockford

555 Colman Center Drive
P.O. Box 7044
Rockford, IL 61125

Notice to Employee Requesting FMLA Leave

To: _____

From: Benefits Coordinator, Health Insurance Office

Date: _____

1. On _____, 20__ you informed us that you need a leave of absence from work beginning on _____ and ending on _____ for:

- a) The birth of a child, or placement of a child with you for adoption or foster care.
- b) Your own serious health condition.
- c) Because you are needed to care for your spouse; child; parent due to his/her serious health condition.
- d) Because of a qualifying exigency arising out of the fact that your spouse; son; or daughter; 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.
- e) Because you are the spouse; son or daughter; parent; next of kin of a covered service member with a serious injury or illness.
- f) Other: _____

2. This is to inform you that:

- a) You are eligible for FMLA leave and it will be Continuous leave Intermittent leave. Please go to Paragraph 3.
- b) You are **not** eligible for FMLA leave, because:
 - Your stated reason for leave is not a reason covered by FMLA
 - You have not been employed here for at least the last 12 consecutive months
 - You have not worked at least 1,250 hours here in the last 12 consecutive months
 - In the previous 12 month period you have already used all FMLA leave time available to you
 - Other: _____

- You may be able to take a Leave of Absence for Other Reasons. Review that policy in the Employee Handbook, online, and then discuss with your supervisor.

The remainder of this Form applies to you only if paragraph 2 (a) is checked.

3. Next Steps required of you. Either 3 a) or 3 b) is checked.

a) You meet the eligibility requirements for taking FMLA leave and have FMLA leave available in the applicable 12-month period. No additional information requested, and your leave is designated FMLA leave.

OR

b) You meet the eligibility requirements for taking FMLA leave and have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us within 15 days of the date of this notice, which is _____, 20__.

Sufficient documentation of your serious health condition from your healthcare provider which states your medical condition, your prognosis, all restrictions you have, the reason for the leave, and the expected duration of the leave.

Sufficient documentation of the serious health condition of your spouse, parent or child, from his or her healthcare provider stating the medical condition and the restrictions associated with the condition.

Documentation establishing your pregnancy, delivery date and planned method of childbirth (the length of short term disability benefits varies depending on the method of childbirth).

Documentation supporting the existence of the relationship between you and the family member.

Sufficient documentation of the active duty status of your family member, and of the exigency.

Sufficient documentation to establish the military status of the family member and documentation from the family member's physician of the military which states the serious illness or injury of the family member and restrictions the family member has.

Sufficient documentation of the planned foster care placement or adoption.

Other: _____

Submit the information to Benefits Coordinator (see contact information at the end of this Notice). If sufficient information is not provided in a timely manner, your leave may be denied. Once we obtain the information from you as requested in paragraph 3, we will inform you, within 5 business days, whether your leave will be designated FMLA leave and count towards your FMLA leave entitlement.

4. Your Responsibilities while on FMLA Leave

If your leave is designated as FMLA leave you will have the following responsibilities while on FMLA leave:

a) If you have health insurance coverage through the Diocese **for your dependents**, contact Benefits Coordinator (see contact information at the end of this Notice) to make arrangements to continue to payments for your share of the premium cost on your **dependent** health insurance to maintain health benefits for your dependents while you are on leave. You have a 30-day grace period in which to make premium payments. If payment is not made timely, your health insurance coverage **for your dependents** may be cancelled, once 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 for dependent coverage during FMLA leave, and recover these payments from you when you return to work.

b) If the reason for the FMLA leave is because you are giving birth to a child or you have a serious health condition, your short term disability benefits will begin after a 10-working-day period. During that waiting period, you are required to use all your available paid sick days, and you may choose to also use your available paid vacation leave and available paid personal days. Both the paid and unpaid portions of the leave will be considered FMLA leave and counted against your FMLA leave entitlement.

c) If the reason for the FMLA leave is for the placement of a child with you for adoption or foster care, or for the reason stated in paragraph 1 (c), (d), (e) or (f), you are required to first use your available vacation leave and available personal days during your FMLA absence. Both the paid and unpaid portions of the leave will be considered FMLA leave and counted against your FMLA leave entitlement.

d) Once your paid leave is exhausted, if you are not able to return to work at that time, your leave will continue on an unpaid basis unless you are eligible for short term disability benefits.

e) If you are not able to return to work after 10 working days of leave, you may qualify for short term disability benefits if the reason for the FMLA leave is because you are giving birth to a child or you have a serious health condition. Short term disability benefits will be paid to you at a rate of 80% of your wage/salary. Contact Benefits Coordinator (contact information at the end of this Notice) to determine how long this benefit lasts in your case. The short term disability period runs concurrently with the FMLA leave.

f) While on leave you will be required to furnish to Benefits Coordinator (see contact information at the end of this Notice) the following:

periodic health care provider reports (doctor notes) of your medical status and intent to return to work, every ____ days.

periodic health care provider reports (doctor notes) of the medical status of your spouse/parent/child, as applicable, and your intent to return to work, every _____ days.

g) If your leave of absence is intermittent, you are required to inform your supervisor of the dates you are anticipating being off from work. If you do not know these dates in advance, you are required to notify your supervisor once you know. Contact your supervisor every time you plan to miss work.

h) If the circumstances of your leave change such that either you are able to return to work earlier than, or you are unable to return on, the date indicated in the Request for FMLA Leave form, you are required to notify your employer and Benefits Coordinator (see contact information at the end of this Notice) as soon as you know.

5. Your Rights under the FMLA

If your leave is designated as FMLA leave you will have the following rights while on FMLA leave:

- a) You have a right under the FMLA to take up to a maximum of 12 weeks of unpaid leave in a 12-month period calculated by the “rolling” 12-month period measured backward from the date of any FMLA leave usage;
- b) You have a right under the FMLA to up to 26 weeks of unpaid leave in a single 12-month period (using the rolling back method) to care for a covered service member with a serious injury or illness;
- c) Your single coverage employee health benefits will continue during any period of paid and unpaid leave under the same conditions as if you continued to work. But, note that if you wish your dependent coverage benefits to continue during your leave, you must continue to make the required premium payments for dependent coverage. Contact Benefits Coordinator (see information at the end of this Notice) to determine how to make those payments while on leave; and
- d) You will be returned to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from an FMLA leave, provided your FMLA leave does not exceed your FMLA entitlement (total of 12 weeks in the previous 12-month period), and you provide verification throughout the leave, as requested in paragraph 4 (f), of your continued need for the leave. If your leave extends beyond the end of your FMLA entitlement, or if you do not comply with the requirements of paragraph 4 (f), you do not have return to work rights under FMLA.

6. Employer’s Rights and Obligations

If you do not return to work following FMLA leave for a reason other than: a) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; b) the continuation, recurrence, or onset of a covered service member’s serious injury or illness which would entitle you to FMLA leave; or c) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf for employee coverage during your FMLA leave.

If you have any questions, please do not hesitate to contact Health Insurance Office Benefits Coordinator.

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