NOTIFICATION OF FAMILY MEDICAL LEAVE OF ABSENCE

To: Jay Light	**From:**
Date:	**Subject: Notification of Family and Medical Leave (FMLA)**

This is to inform you that your request has been preliminarily designated as eligible for leave under FMLA. Unless we receive information that makes you ineligible for FMLA, this designation will remain effective until you return to work.

This is our understanding of your request for FMLA Leave:

Date Request for FMLA leave was made:

Requested leave dates: From: _____ To: _____

Reason for leave:

- ☐ the birth of a child or placement of a child for adoption or foster care, or
- ☐ a serious health condition for yourself, or
- ☐ a serious health condition of your child, spouse or parent for which you are needed to provide care.

Regarding your intention to return to your position at the City of Round Rock (CORR), you indicated that you:

- ☐ do intend to return
- ☐ do **not** intend to return.

The following leave dates will be counted toward your FMLA usage:

Please provide an alternate address/contact person during your absence:

Name: _____

Address:_____

Contact: _____

Please review the following with your FMLA liaison. Please initial to the left of each statement to acknowledge understanding of the information. You will receive the original of this memorandum and a copy will be retained by the FMLA liaison for department files.

____ Under CORR policy both paid and unpaid leave can be applied toward the FMLA usage (12 weeks per calendar year).

____ During FMLA leave, the City will maintain group health insurance plan coverage on the same conditions as if the employee were not on leave. Any share of health plan premiums, which the employee paid prior to FMLA leave, must continue being paid by the employee during this leave period.

____**The employee must check with the Benefits Division of Human Resources at 218-5490 regarding insurance premium payments if the FMLA leave extends into an unpaid leave of absence.** If the employee does not return to work for 30 days following the FMLA leave, the employee may be required to reimburse the City for the health insurance premiums paid on his/her behalf during the leave of absence.

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____ **Medical certification is required if the leave is for the serious health condition** of the employee or the employee's spouse, child or parent. Forms may be obtained from Human Resources or on-line on the City's HRD Webpage Forms. Additional documentation may be requested to confirm the family relationship. Certification must be received by the FMLA liaison within 15 days of this notification (or as soon as practicable); otherwise the commencement of leave may be delayed. If the employee needs to request an extension to the leave originally requested, an updated medical certification needs to be submitted to HR. However, in no event will FMLA leave exceed 12 weeks. If the FMLA leave is for the **employee's** serious health condition, he/she will be required to provide a fitness-for-duty release prior to returning to work.

____ Upon return from FMLA leave, the employee is eligible for reinstatement to the same or an equivalent position with the same pay, benefits, and terms and conditions of employment. Failure to return to work at the end of the leave period may result in termination unless an extension has been approved prior to the expected return date.

Please read the Family and Medical Leave policy in the Personnel Policies Manual. If necessary, contact the Human Resources Department at 218-5490 for any additional information or clarification. Thank you.