

Archdiocese of Los Angeles

Family and Medical Leave
Notice of Eligibility and
Rights and Responsibilities Notice

Employee's Name \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

A. Notice of Eligibility

Regular full-time and regular part-time employees who are regularly scheduled to work at least 20 hours/week in any job classification and have been employed by the Archdiocese at any Archdiocesan location for at least 12 months preceding the leave are eligible for FMLA leave.

We received your request (attached) to take leave from \_\_\_\_\_ to \_\_\_\_\_ and determined that:

\_\_\_ You are eligible for FMLA leave. (See Part B for Rights and Responsibilities.)

\_\_\_ You are eligible to take FMLA, but must provide the following documentation : \_\_\_\_\_

\_\_\_ You are not eligible for FMLA leave because (only one reason need be checked):

\_\_\_ 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 toward this requirement.

\_\_\_ You are not regularly scheduled to work at least 20 hours/week as required by Archdiocesan leave of absence policy.

\_\_\_ You have already taken the maximum leave allowable within the last 12 months.

B. Rights and Responsibilities for Taking FMLA Leave

If your request qualifies as FMLA leave, you will have the rights and responsibilities detailed in the attached Archdiocesan Leave of Absence Policy including:

- Archdiocesan policy provides that if you are eligible for leave, you may have up to 4 months (16 weeks) unpaid leave in a 12-month period. The 12-month period is measured forward from the date your FMLA leave begins, with the following exceptions:

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**Rights and Responsibilities Notice for Taking FMLA Leave (Continued) Form B – Page 2**

- Military Caregiver Leave: You may take up to 26 weeks unpaid leave, in a single 12 month period to care for a covered service member with a serious illness or injury.
- Pregnancy Disability Leave: You may take up to 18 weeks leave per pregnancy for pregnancy related conditions. In addition to pregnancy disability leave, you may take up to 12 weeks of Family Care Leave.
- You will be required to provide updated doctor’s notes or other appropriate certifications as needed and to let your supervisor know of any changes anticipated in your leave status.
- Your group insurance coverage will continue at your regular premium cost (employee portion) for a period of four months, but you must make arrangements with the appropriate administrator at your location to make your premium payments.
- Should you fail to return after the end of the leave for a reason other than the continuation, recurrence or onset of a serious health condition which would entitle you to FMLA leave or other circumstances beyond your control, you may be liable for unpaid portions of insurance premiums.
- While FMLA is unpaid leave, you may use available sick or vacation pay, where applicable, during your FMLA leave, but this paid time off will counted as FMLA leave. Please refer to the sick and vacation policy for your parish, school or ACC/Cemeteries/Mortuaries for details.
- Employees who have elected voluntary disability insurance coverage, may choose to apply for their disability benefit if they are taking a leave of absence for their own illness.
- Employees receiving disability payments cannot simultaneously receive sick or vacation pay.
- You must be reinstated to the same or an equivalent job with the same pay, benefits and terms and conditions of employment upon your return, provided you return within the 4-month (16 weeks) maximum allowed for a leave of absence; or within the 26 weeks maximum allowed for Military Caregiver leave.

Eligibility Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

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Archdiocese of Los Angeles

Family and Medical Leave Designation Notice

Employee's Name \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

We have reviewed your leave of absence request that you provided on \_\_\_\_\_(date) and decided that:

\_\_\_\_\_ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

- If you take leave, as requested, from \_\_\_\_\_(date) to \_\_\_\_\_(date), then \_\_\_\_\_(hours, days, weeks, or months) will be counted against the maximum FMLA leave available to you. Please advise your supervisor of any changes in your scheduled leave dates.
• You may use paid leave (vacation, sick pay) or apply for disability benefits, where applicable per Archdiocesan leave policy, but this paid leave will count against your FMLA leave entitlement.
• In order to return to work, all employees returning from medical leave must present a doctor's note fully releasing them to return to work. If your doctor releases you to return to work with any restrictions, a decision about your return to work will be evaluated based on the list of essential job duties. You must present the doctor's full release confirming your fitness for duty and ability to perform the essential job functions before you can return to work.

\_\_\_\_\_ Additional information is needed to determine if your FMLA request can be approved, specifically: \_\_\_\_\_.

\_\_\_\_\_ Your FMLA Leave Request is not approved because:

\_\_\_\_\_ The FMLA does not apply to your leave request.

\_\_\_\_\_ You have exhausted all FMLA leave available to you within the last 12 months.

Designation Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

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