

**Faculty**  
Provide to Dept. Chair

**Administrators**  
Provide to President or Provost Office as appropriate

**Faculty and Administrators  
Request for Leave and  
Notice of Eligibility and  
Rights & Responsibilities  
(Family and Medical Leave Act)**

\_\_\_\_\_  
\_\_\_\_\_

To be eligible for FMLA an employee must have been employed by the University for at least 12 months, have worked for the university at least 1,250 hours during the last 12 months immediately preceding the leave.

Part B provides you with information regarding your rights and responsibilities for taking FMLA leave.

**Part A – NOTICE OF ELIGIBILITY**

Employee Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_

City State Zip

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Other

Employee identification number: \_\_\_\_\_

Department you are employed in: \_\_\_\_\_

Job Title: \_\_\_\_\_

I am:

Faculty

Administrator

Date leave is to start: \_\_\_\_\_ Intermittent Leave: \_\_\_Yes \_\_\_No

Reason for the leave request:

\_\_\_\_ The birth of a child;

\_\_\_\_ 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 due to his/her serious health condition;

\_\_\_\_ Because of a qualifying exigency. **Complete the Certification of Qualifying Exigency form.**

\_\_\_\_ Because you are the \_\_\_\_ spouse; \_\_\_\_ son or daughter; \_\_\_\_ parent; \_\_\_\_ next of kin of a covered service member with a serious injury or illness. **Complete the Certification for Serious Injury or Illness of Covered Service member For Military Family Leave.**

Employee Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE**

In order for us to determine whether your absence qualifies as FMLA leave, you must provide the following information to us at least 15 calendar days from receipt of this notice:

- Sufficient certification to support your request for FMLA leave from a qualified healthcare provider. The form can be obtained online at: <http://louisville.edu/hr/forms/>
- Sufficient documentation to establish the required relationship between you and your family member if applicable.

If your leave does qualify as FMLA leave, you will have the following responsibilities while on FMLA leave:

- If you are out of pay status, you **must contact** the Benefits Office to make arrangements to continue your portion of the premium payments on your health insurance to maintain health benefits while you are on leave.

Telephone: 502.852.6258

Fax: 502.852.5665

Email: <https://php.louisville.edu/admin/humanr/benefits/benefitsService.php?>

You have a minimum 30-day (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.

**While on FMLA leave you may be required to furnish us with periodic reports of your status and intent to return to work every 30 days. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to provide a release to return to work from your medical provider indicating the date of return.**

If your leave does qualify as FMLA leave you will have the following **rights** while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
- 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 with a serious injury or illness. This single 12-month period is measured forward from the date of your **first** FMLA leave usage. This single 12-month period commenced on: \_\_\_\_\_.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.

**Once we obtain the information from you as specified above, we will inform you within 5 business days, whether your leave will be designated as FMLA leave.**