som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

Re: Employee ID#: som\_eid **FMLA Eligibility Notice**

Dear fullname:

Disability Management was notified on som\_createdondateonly of your need for time away from work. This letter is to provide you with information on your Family Medical Leave Act (FMLA) entitlement.

According to our records you appear eligible for som\_fmlahours hours of leave under the FMLA.

Please review the enclosed *Notice of Rights and Responsibilities* for taking an FMLA covered leave of absence.

You meet the eligibility requirements, but to determine whether your absence qualifies as FMLA leave, the following must be received within fifteen days from the date of this letter:

**Sufficient certification to support your need for FMLA leave. The enclosed   
 certification** **form must be returned.**

**Sufficient documentation to establish the required relationship between you and   
 your relative.**

**Application for Leave of Absence.**

**No additional information is requested.**

Other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If sufficient information is not provided timely your leave request may be closed or denied.**

Documentation submitted will be reviewed and you will be notified of whether leave is approved within five business days after receiving the requested documentation.

Documents may be submitted to one of the following:

Email: [**MCSC-DMO@michigan.gov**](mailto:MCSC-DMO@michigan.gov)Fax: **517-241-9926**   
Mail: **P.O. Box 30002, Lansing, Michigan 48909**

*\*By choosing to email documentation, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.*

Continue to follow your agency’s call-in procedure if you are not on an approved leave of absence. If you have any questions regarding this determination, your rights and responsibilities, or any certifications or forms that you must still provide, please contact Disability Management.

Sincerely,

owneridname  
Disability Management  
**877-443-6362, Option 2**

**State of Michigan**

**Disability Management**

**Notice of Rights and Responsibilities for Taking an FMLA Leave**

As explained in the letter accompanying this notice, you meet the eligibility requirements for an FMLA leave and still have FMLA remaining for the current 12-month period. **If you provide the required documentation establishing that your absence qualifies as an FMLA leave**, you will also have the following rights and responsibilities.

|  |  |
| --- | --- |
| FMLA ELIGIBILITY | You must have worked for the State of Michigan for at least 12 months and have worked at least 1250 hours during the previous 12 months. You must not have already exhausted your FMLA entitlement. |
| LEAVE | You will have the right under the FMLA for up to 12 weeks of leave in a 12-month period measured forward from the date of your first FMLA leave use for medical, family, child, or qualifying exigency leaves. You may also be eligible for up to 26 weeks of leave in a 12-month period for qualifying care for a covered servicemember, although any other FMLA leave taken during that period will count toward your 26-week entitlement. If circumstances change and you can return early, you must notify us at least two work days before you intend to report to work. |
| PAID LEAVE SUBSTITUTION | Sick leave credits must be exhausted before taking an unpaid FMLA medical leave for self or servicemember. You may elect to substitute other leave credits for an unpaid FMLA leave as provided in your collective bargaining agreement or the civil service rules and regulations.  If you do not meet the conditions for taking paid leave, you remain entitled to take unpaid FMLA leave. Paid and unpaid FMLA leaves count against your FMLA leave entitlement.  For family care and parental leave please refer to your collective bargaining agreement or the civil service rules regarding use of sick leave credits. |
| INSURANCES | Under FMLA, your health benefits can be maintained during any period of unpaid FMLA leave under the same conditions as if you continued to work.  The State of Michigan will continue coverage of your health, dental and vision insurance during unpaid FMLA leave. Upon your return to work you must repay the employee share of biweekly insurance premiums.  If you don’t return to employment for reasons other than (1) continuation, recurrence, or onset of a serious health condition, (2) a covered servicemember’s injury or illness, (3) or other circumstances beyond your control, you may be required to repay the state's share of premiums paid to retain your coverage during your unpaid FMLA leave. |
| KEY EMPLOYEE | You are not a “key employee,” as defined under the FMLA. |
| PERIODIC REPORTS | While on leave you will not be required to furnish us with periodic reports of your status and intent to return to work. |
| **REINSTATEMENT** | You must be reinstated to the same or an equivalent job with the same pay, benefits, and conditions of employment on your timely return from leave. If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under the FMLA. You may have other leave options under civil service rules or a collective bargaining agreement. |

July/2022