som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Non-FMLA Paid Parental Leave** |
|  | |  |  |

Dear fullname:

The Disability Management Office (DMO) learned on som\_createdondateonly of your request for a Paid Parental Leave.

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. FMLA provides for up to 12 weeks of unpaid leave in a 12-month period measured forward from the date of your first FMLA leave usage. FMLA entitlement will run concurrent with Paid Parental Leave.

If you have not already provided the Leave of Absence Application (CS-1838), this must be submitted to the DMO within fifteen days from the date on this letter. Your request for paid parental leave cannot be reviewed until this application is submitted.

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

If you are approved for a Paid Parental Leave (PPL), you will be required to submit the child’s birth certificate or adoption paperwork within 31 days of the birth or adoption. Failure to provide this documentation by the due date will result in the PPL being revoked retroactive to the start of the leave and the repayment of the entire cost of the benefit.

If you have any questions regarding this letter, FMLA, or your rights and responsibilities please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor

**State of Michigan**

**Disability Management Office (DMO)**

**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 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. |