DATE

Employee Name

Employee Address

CITY, ST, ZIP

Dear EMPLOYEE,

We have reviewed your request for leave under the FMLA and supporting documentation you have provided. This letter is intended solely as notice you are eligible for leave under the Family and Medical Leave Act of 1993 (FMLA).

**FMLA qualifying reason and your rights and responsibilities while on FMLA leave**

* To care for your spouse/son/daughter/parent/next of kin covered servicemember with a serious injury or illness. You may be absent from work for up to 26 weeks in an FMLA benefit year. You will need to provide periodic reports of your leave status and your intent to return to work, or your pay, benefits, and status may be affected

You are eligible under the FMLA for leave from work for the reason listed above for up to twenty-six (26) weeks in your FMLA benefit year with the continuation of health, dental, and vision coverage. You must be enrolled in the benefit plan to be entitled to the continuation of the benefit coverage, and you will remain responsible for your portion of the premiums. If you are on an unpaid FMLA leave, you will receive a FMLA Benefits Election form. That form will provide you with instructions for continuing or canceling your insurance, and how to pay for ongoing coverage.

Your current FMLA benefit year is DATE 1 to DATE 2**.** Your absence due to the reason listed above, starting on DATE 3 and as certified by appropriate documentation, will be counted toward your twenty-six (26) weeks of FMLA eligibility under the current FMLA benefit year. Based on the information you have shared to date, it is anticipated that XXXXX hours/days/weeks will be counted against your leave entitlement, which would result in XXXX hours/days/weeks of FMLA remaining in your current benefit year. The length of your absence will be determined by your ability to return to work in conjunction with applicable University of Michigan policy and practice.

Upon your return to work from an FMLA qualifying absence, you will be placed in the same position you had before the absence started or an equivalent position. If you return to work after you have exhausted your FMLA leave benefit, you will be placed according to University of Michigan policy and practice.

Your rights and responsibilities for taking FMLA leave can be found on the U.S. Department of Labor website: <https://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>

Information regarding the university’s FMLA policy is located on the Human Resources website: <https://hr.umich.edu/working-u-m/management-administration/fmla>

If you have any questions regarding this matter, please contact me at PHONE NUMBER, or at EMAIL ADDRESS.

Sincerely,

Cc:

Determining an employee’s FMLA benefit year and calculating annual FMLA entitlement

**Benefit year and completing the eligibility/notification letter:**

Example: Employee’s date of hire is June 15, 2016, and the FMLA qualifying absence began on October 10, 2017.

DATE 1: Month and day of the employee’s date of hire. Year is determined by the start of the employee’s absence. DATE 1 is June 15, 2017. Please note that DATE 1 is not necessarily in the same calendar year as the start of the employee’s absence. For example, DATE 1 would be June 15, 2016 if the employee’s FMLA qualifying absence started on January 15, 2017.

DATE 2: One calendar year after DATE 1. DATE 2 is June 14, 2018.

DATE 3: Date when the employee’s FMLA qualifying absence begins. DATE 3 is October 10, 2017.

Annual FMLA benefit

An eligible employee is entitled to up to twenty-six (26) weeks of FMLA leave in a 12-month period

* A full-time employee (100% appointment) is entitled to 1,040 hours of leave (26 weeks x 40 hours per week)
* A part-time employee (less than 100% appointment) is entitled to a prorated amount of leave. For example, an employee who works 30 hours per week (75% appointment) is entitled to 780 hours of leave (26 weeks x 30 hours per week)
* For employees whose schedule varies week to week, please contact HR for guidance