UNION COUNTY RESPONSE
TO EMPLOYEE REQUEST FOR FAMILY OR MEDICAL LEAVE

DATE: _____

TO (employee)**:** _____

FROM (Executive/Division Director)**:** _____

SUBJECT: REQUEST FOR FAMILY / MEDICAL LEAVE

On _____ you notified us of your need to take family/medical leave due to:

☐ The birth of a child or the placement of a child with you for adoption or foster care; or

☐ A serious health condition that makes you unable to perform the essential functions of your job; or

☐ A serious health condition affecting your _____ for which you will need to provide care; or

☐ A serious health condition affecting your _____ a covered military servicemember, for which you will need to provide care.

☐ A qualifying exigency arising out of the fact that your _____ is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

You notified us that your leave will begin on _____ and that you expect leave to continue until (or estimate) _____.

Except as explained below, you have a right under the Family Medical Leave Act for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. The FMLA entitlement extends to 26 weeks if the family member you are caring for incurred the illness or injury while on active military duty. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work and 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 from leave. If you do not return to work following FML for a reason other than: (1) the continuation, recurrence or onset of a serious health condition which would entitle you to FML; or (2) other circumstances beyond your control, you may be required to reimburse Union County for health insurance premiums paid on your behalf during your FML leave.

This response is to inform you that:

1. **You are**

2. **You**

   If required to provide medical certification, you must submit certification by _____ (date must be at least 15 days after you are notified of this requirement) or we may delay the commencement of your leave until the certification is submitted.

3. Union County Personnel Resolution, Article VI, Section 6.8 requires the use of all accumulated sick leave for all or part of any unpaid FML. An employee may, but is not required to, use earned vacation or holiday leave for unpaid FML. If accrued sick leave is not available or if vacation or holiday leave is not used, the time away from work for FML will be unpaid.

4. (A) If you have dependent medical and/or dental insurance premiums deducted from your paycheck, payment of these premiums is your responsibility during Family or Medical Leave.

   Premium deductions will automatically continue during any period of paid leave. However, if your leave is unpaid, you must make arrangements for premium payment with Human Resources no later than the 20th day of the following month.

   (B) If premium payment is not made by the 20th day of the following month, your group medical and/or dental insurance may be cancelled. You will be notified in writing at least 15 days before the date that your medical and/or dental coverage will lapse.

   (C) If you do not return to work or return for less than 30 days, you will be required to reimburse Union County for all premiums paid on your behalf. If you do not return to work due to the continuation of a qualified FML event that is properly documented, you may not be required to reimburse Union County.

   (D) You continue to be responsible for any premium payment(s) or reimbursement(s) associated with supplemental or voluntary benefits for which you have enrolled. These may include: Life Insurance, AFLAC Insurance, Colonial Insurance, Flexible Spending Accounts, National College Savings Program, Monroe Aquatics and Fitness Center, and UNUM (Provident) Insurance.

   If you have questions concerning these payments or unpaid leave, please contact Human Resources.

5. If your FML is due to your own serious health condition you will be required to present a fitness-for-duty certificate prior to returning to employment. If such certification is not received on or before the date you are to return to work, your return to work may be delayed until certification is provided.

6. While on leave, you will be required to provide your immediate supervisor with periodic reports every _____ of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on this form, you are required to notify us at least two days prior to the date you intend to report to work.

7. You are required to provide recertification relating to a qualifying FML event if the need for leave extends beyond the original approved return to work date.

8. Your FML will run concurrently with your injury leave under Workers' Compensation for a period not-to-exceed 12 weeks.