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| <b>U.S. Department of Labor</b><br>Wage and Hour Division | <b>Notice of Eligibility and Rights &amp; Responsibilities</b><br>Family and Medical Leave Act | WH-381<br>Revised June 2020<br>OMB Control Number:<br>1235-0003 |
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FMLA permits eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. This form is completed by the employer within 5 business days of the leave request. Part A states the eligibility determination. Part B describes employee rights and responsibilities.

## PART A — NOTICE OF ELIGIBILITY

### Employee & Employer Information

Employee Name:  Employee ID:  Date:   
Employer / Organization:   
Leave Coordinator:  Phone / Email:

### Eligibility Determination

Your request for FMLA leave has been received. Based on the information provided, your eligibility status is:

- ☐ **YOU ARE ELIGIBLE** for FMLA leave. (Complete Part B and provide to employee.)
- ☐ **YOU ARE NOT ELIGIBLE** for FMLA leave for the following reason(s):
- ☐ [Tenure] You have not met the FMLA's 12-month length-of-service requirement. Employed approx.  of requested leave start date.
  - ☐ [Hours] You have not met the FMLA's 1,250-hour requirement. Worked approx.  past 12 months.
  - ☐ [Worksite] Fewer than 50 employees are employed within 75 miles of your worksite.

### Comments (note specific ineligibility criterion, Case ID, or other relevant information)

## PART B — RIGHTS AND RESPONSIBILITIES NOTICE

*Complete Part B only when the employee IS eligible (Part A checked "Eligible"). Do not send Part B for ineligibility determinations.*

### Your Rights While on FMLA Leave

- Continuation of group health plan benefits under the same terms as if you had not taken leave.
- Job restoration to the same or an equivalent position upon return from leave.
- Protection from retaliation for exercising your FMLA rights.

### Your Responsibilities While on FMLA Leave

- Provide medical certification (Form WH-380-E or WH-380-F) within 15 calendar days of the employer's request.
- Provide periodic reports of your status and intent to return to work as requested.
- Provide a fitness-for-duty certification upon return if required by employer policy.
- Provide at least 30 days' advance notice when leave is foreseeable, or as soon as practicable otherwise.
- Use accrued paid leave concurrently with FMLA leave as required by Ridgeline policy.

### Certification Requirement

- ☐ Medical certification IS required. Form WH-380-E / WH-380-F must be returned by:
- ☐ No certification is required for this type of leave.

If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition; or (2) other circumstances beyond your control, you may be required to reimburse Ridgeline for the employer's share of health insurance premiums paid during your leave.

### Signature

Leave Coordinator Signature:  Date:   
Name / Title:  Email: