



Human Resources
Wetherby Administration Building
1906 College Heights Blvd. #11003
Bowling Green, KY 42101

Phone: 270-745-5360
Fax: 270-745-5582
Email: human.resources@wku.edu

Request for Leave and
Notice of Eligibility and
Rights & Responsibilities
(Family and Medical Leave Act)

To be eligible for FMLA an employee must have been employed by the University for at least 12 months,
have worked for the university at least 1,250 hours during the last 12 months immediately preceding the
leave.

Part B provides you with information regarding your rights and responsibilities for taking FMLA leave.

Part A – NOTICE OF ELIGIBILITY

Employee Name: \_\_\_\_\_
First Middle Last

Home Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_
City State Zip
Home Other

Employee identification number: \_\_\_\_\_

Department you are employed in: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date leave is to start: \_\_\_\_\_ Intermittent Leave: \_\_\_Yes\_\_\_ No

Date to return to work: \_\_\_\_\_

Reason for the leave request:

- The birth of a child;
Placement of a child with you for adoption or foster care;
Your own serious health condition;

\_\_\_\_ Because you are needed to care for your \_\_\_\_ spouse; \_\_\_\_ child; \_\_\_\_ parent due to his/her serious health condition;

\_\_\_\_ Because of a qualifying exigency arising. **Complete the Certification of Qualifying Exigency Form.**

\_\_\_\_ Because you are the \_\_\_\_ spouse; \_\_\_\_ son or daughter; \_\_\_\_ parent; \_\_\_\_ next of kin of a covered service member with a serious injury or illness. **Complete the Certification for Serious Injury or Illness of Covered Service member For Military Family Leave.**

Employee Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEPARTMENT ACKNOWLEDGEMENT:**

Supervisor/Dept Head \_\_\_\_\_ DATE: \_\_\_\_\_

Supervisor /Dept Head Printed \_\_\_\_\_ DATE: \_\_\_\_\_

**PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE**

**In order for us to determine whether your absence qualifies as FMLA leave, you must provide the following information to us at least 15 calendar days from receipt of this notice:**

- Sufficient certification to support your request for FMLA leave from a qualified healthcare provider.  
The form can be obtained online at: <https://www.wku.edu/hr/benefits/healthandwellness/fmla.php>
  - ❖ You can also contact Human Resources at the contact information provided on page one of this request.
- Sufficient documentation to establish the required relationship between you and your family member if applicable.

**If your leave does qualify as FMLA leave, you will have the following responsibilities while on FMLA leave:**

- If you are out of pay status, you **must contact** the Benefits Office to make arrangements to continue your portion of the premium payments on your insurance to maintain benefits while you are on leave.

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You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group insurance may be

cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

**While on FMLA leave you may be required to furnish us with periodic reports of your status and intent to return to work every 30 days. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to provide a release to return to work from your medical provider indicating the date of return.**

If your leave does qualify as FMLA leave you will have the following **rights** while on FMLA leave:

- The 12-month period measured forward from the date an employee's first FMLA leave begins. An employee is entitled to 12 weeks of leave during the year beginning on the first date FMLA leave is taken; the next 12-month period would begin the first time FLMA leave is taken after completion of any previous 12-month period.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period is measured forward from the date of your **first** FMLA leave usage. This single 12-month period commenced on: \_\_\_\_\_.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. If you do not return to work following FMLA leave for a reason other than:
  - ❖ the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave;
  - ❖ the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or
  - ❖ other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

**Once we obtain the information from you as specified above, we will inform you within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement.**