Click here to enter employee name.

Click here to enter employee address.

|  |  |
| --- | --- |
| **Re:** | **Notice of Eligibility Determination for**  **Medical Leave** |

Dear Addressee:

On Application Date, you requested **Medical Leave** beginning Click to select leave date. for Click here to enter leave reason.

**Eligibility at a Glance**

Based on your application and our records, the following represents a summary of your program eligibilities. If you have been found eligible for any of the programs, you must still qualify before your leave request will be granted.

|  |  |  |
| --- | --- | --- |
| Eligible | Program | Hours Available |
|  | Paid Family and Medical Leave |  |
|  | DC Family Leave |  |
|  | DC Medical Leave |  |
|  | Federal Family and Medical Leave |  |
|  | You are NOT ELIGIBLE for any programs |  |

The details explaining how we made your eligibility determinations can be found on the following page.

If you have been found eligible for any program, you may need to supply additional documentation to qualify and be granted the requested leave. The documentation you must provide is listed in Part C. The requested documentation must be provided **within 21 days** of the date printed on this letter. If requested documentation is not provided within 21 days, your leave application may be denied.

**Part A: Information about Your District Employment**

|  |  |
| --- | --- |
|  | You Select Option an employee of the District of Columbia government, and do not work on a temporary or intermittent basis. |
|  | You have Click here to enter years. total years of service with the District government. |
|  | You Selection Option at least 1 continuous year of employment with the District government (without a break in service). |
|  | In the last 12 months, you have received earnings for Click here to enter hours. hours. |
|  | In the last 12 months, you have reported for duty and received earnings for hours worked for Click here to enter hours. hours. |
|  | You Selection Option previously approved for Paid Family and Medical Leave for another qualifying event to begin on **Click here to enter a date.**. Your next 12-month period begins (one year later). |
|  | You have used Click here to enter hours. hours of approved Paid Family and Medical Leave for the current 12-month period. |
|  | In the last 12 months, you were on family and medical leave, combined, for Click here to enter hours. hours. |
|  | In the last 24 months, you were on family leave for Click here to enter hours. hours. |
|  | In the last 24 months, you were on medical leave for Click here to enter hours. hours. |

**Part B: Eligibility Determinations**

Each family and medical leave program is listed below. For each, you will see the eligibility requirements. If the box is checked, you meet that requirement. All requirements must be checked to be eligible for the specific program.

1. **Paid Family and Medical Leave.** The District provides paid family and medical leave for up to 8 workweeks for qualifying family and parental events, and may include up to 2 of those 8 workweeks for qualifying medical leave events. You Select Option

|  |  |
| --- | --- |
|  | Are a District employee who is neither a temporary employee appointed for less than 90 days, nor on an intermittent schedule. |
|  | Have not yet exhausted 8 weeks of PFML within the last 12-month period beginning on the date of your first qualifying event. |

1. **D.C. Medical Leave**. The D.C. FMLA provides you up to 16 weeks of unpaid leave within a 24-month period for a serious medical condition affecting you. You Select Option

|  |  |
| --- | --- |
|  | Are a District government employee with at least 1 year of continuous service. |
|  | Worked for at least 1,000 hours within the last year. |
|  | Have not exhausted 16 weeks of medical leave in the last 24 months. |

1. **D.C. Family Leave.** The D.C. FMLA provides up to 16 weeks of unpaid leave within a 24-month period for a qualifying family event. You Select Option

|  |  |
| --- | --- |
|  | Are a District government employee with at least 1 year of continuous service. |
|  | Worked for at least 1,000 hours within the last year. |
|  | Have not exhausted 16 weeks of family leave in the last 24 months. |

1. **Federal Family and Medical Leave.** The federal FMLA provides you up to 12 weeks of unpaid leave within a 12-month period if you experience a serious health condition or a qualifying family event (including family military exigency leave). You Select Option

|  |  |
| --- | --- |
|  | Have been a District government employee for the last 12 months. |
|  | Reported for duty and received pay for 1,250 hours in the last 12 months. |
|  | Have not exhausted a total of 12 weeks of family and medical leave (including military caregiver leave), combined, in the last 12 months. |

1. **Federal Family and Medical Leave (Military Caregiver Leave).** The federal FMLA provides you up to 26 weeks of unpaid leave within a 12-month period if you are the parent, spouse or child of a service member suffering from a serious health condition that arose while on active duty. You Select Option

|  |  |
| --- | --- |
|  | Have been a District government employee for the last 12 months. |
|  | Reported for duty and received pay for 1,250 hours in the last 12 months. |
|  | Have not exhausted a total of 26 weeks of family and medical leave in the last 12 months. |

**Part C. Documentation Required to Qualify**

If you are eligible for any programs, as indicated in Part B, you may be required to supply additional documentation for us to determine whether your circumstances qualify for each eligible program. **Within 21 days, you must provide any documents specified below (which have been checked).**

You are required to provide the following:

|  |  |
| --- | --- |
| Required | Documentation |
|  | Certificate of live birth listing you as a parent |
|  | Certified copy of a court order providing you legal custody of a child |
|  | Two official records establishing you as a named caregiver to the child (such as school enrollment, insurance records, or medical records) |
|  | For the non-legal, permanent placement of a child with you, documentation establishing the date you assumed responsibility for the child |
|  | Sufficient documentation to establish the required relationship between you and your family member |
|  | A completed “Certificate of Health Care Provider for Employee’s Serious Health Condition” (DOL-WH380-E), including to establish medical care due to the occurrence of a miscarriage or a stillbirth. |
|  | A completed “Certificate of Health Care Provider for Family Member’s Serious Health Condition” (DOL-WH380-F) |
|  | Other information needed (such as documentation to establish eligibility for military family leave) |

**Part D. Your Obligations**

If you qualify under one of the leave programs you will have the following responsibilities while on leave:

|  |  |
| --- | --- |
|  | Responsibility |
|  | Contact DCHR to make arrangements to continue to make your share of the premium payments on your health insurance benefit while you are on leave. Alternatively, you may elect to have the District pay your premiums, and we will recover those payments from you upon your return to work. |
|  | While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every 30 days. |
|  | If your circumstances change and you are able to return to work earlier than you indicated in your application, you will be required to notify us at least two workdays prior to the date you are able to report for work. |
|  | If you secure outside employment while on approved leave, you are required to notify us of this fact immediately. |
|  | If you are a probationary employee accessing paid family and medical leave, you must enter a one-year continuation of service agreement, and your probationary period shall extend by the amount of leave used. If you voluntarily separate from employment before the end of your continuation of service agreement, you will be indebted to the District for the salary amount paid for your use of paid family and medical leave. |

**Part E. Your Rights**

If you qualify for any of the leave programs you will have the following rights while on leave:

* 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 leave.
* Once we receive the information noted in Part C, we will inform you, within 5 business days, whether your leave will be designated as Paid Family and Medical Leave, DC Family Leave, DC Medical Leave and/or federal Family and Medical Leave.

If you have any questions or concerns relating to this eligibility notification, please contact me at (202) Click here to enter contact number., or by e-mail at Click here to enter contact email..

Sincerely,

|  |
| --- |
|  |
| Click here to enter FML Coordinator Name.  Agency Family and Medical Leave Coordinator |