

**SECTION I – REQUEST FOR LEAVE**

Employee Name	Employee ID (e.g. TAMS ID)	Department
HR Representative Name	HR Representative Phone	HR Representative Fax
HR Representative Email		
Date Notice of Eligibility Provided	Date Employer Knew of Need for Leave	Date Leave Starts

**SECTION II – REASON FOR LEAVE**

The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly placed child.

Your own serious health condition.

You are needed to care for your family member due to a serious health condition. Your family member is your:

Spouse    Domestic Partner    Parent<sup>1</sup>    Child<sup>2</sup>    Sibling<sup>3</sup>    Grandchild

A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active-duty status. Your family member is your:

Spouse    Domestic Partner    Parent    Child (Any Age)

You need to care for your family member who is a covered servicemember or veteran with a serious injury or illness. You are the servicemember's:

Spouse    Domestic Partner    Parent<sup>1</sup>    Child (Any Age)    Next of Kin<sup>4</sup>

1. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent.
2. This term means a child under age 18 or a child older than 18 and is incapable of self-care because of a disability.
3. Sibling means a sibling of an employee who is jointly responsible with the employee for each other's common welfare as evidenced by joint living arrangements and joint financial arrangements.
4. "Next of kin" means, in the following order of priority: (1) a blood relative designated as Next of Kin, (2) blood relatives granted legal custody of the servicemember, (3) siblings, (4) grandparents, (5) aunts and uncles, and (6) first cousins.

**SECTION III – NOTICE OF ELIGIBILITY**

This Notice is to inform you that you are:

**Eligible** for FML.

**Ineligible** for FML because: (only one reason needs to be checked)

You have not met the FMLA's 12-month length of service requirement. You need to work approximately \_\_\_\_\_ weeks before your leave will be covered by FML.

You have exhausted your FML entitlement for this year.

## SECTION IV – ADDITIONAL INFORMATION NEEDED

As explained in Section III, you are eligible to take FMLA. Additional information, as indicated below, is needed in order for us to determine whether your absence qualifies as FMLA. Once we receive this information, we will inform you within 5 business days, whether your leave will be designated as FML. **If complete and sufficient information is not provided in a timely manner, your leave may be denied.**

No additional information requested. If no additional information is requested, go to Sections V & VI.

Healthcare Provider Certification (Select One):

Healthcare Provider for the Employee

Healthcare Provider for the Employee's Family Member

Military Family Leave for Qualifying Exigency

Military Caregiver Leave for Serious Illness or Injury of a Servicemember or Veteran

The Selected Certification is attached.

Evidence of Family Relationship (e.g. siblings, grandchildren, and/or *in loco parentis* relationships)

Other: \_\_\_\_\_

The information requested must be returned by \_\_\_\_\_  
(Due within 15 Calendar Days)

## SECTION V – FML RIGHTS

For your requested leave you have the following rights:

You have a right for up to 12 weeks of unpaid leave in a calendar year, beginning January 1.

You have a right for up to 26 weeks of unpaid leave in a single 12-month period for care of a covered Servicemember or Veteran. The single 12-month period started on: \_\_\_\_\_.

For leave to care for a grandchild with a serious health condition, you have the right for up to 10 weeks of unpaid leave in a two-year period. This two-year period started on: \_\_\_\_\_.

Unless you have elected otherwise, your health benefits must be maintained during any unpaid leave under the same conditions as if you continued to work. (Ineligible for Grandchild Leave)

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 FML, unless your leave extends beyond the end of your FML entitlement.

You will be required to use your accrued sick leave during your FML absence before going on unpaid leave – unless the leave requested is not covered by the State's Sick Leave Policy, you have elected to use vacation, compensatory, or personal leave, or you are being paid income protection. You must inform your Human Resources Representative if one of these options applies before you go out on leave. Confidential employees must exhaust their sick time before becoming eligible for State provided temporary disability benefits. Any remaining balance of leave entitlement after exhaustion of required and elected leave banks will be unpaid.

SECTION VI – BENEFITS WHILE ON LEAVE

Your health benefits will be maintained on the same terms and conditions as if you continued to work, subject to the following: (only checked boxes apply)

- If you will be going off payroll and contribute to either your own and/or your dependent's coverage, you must contact the Office of Employee Health and Wellness at (207) 624-7380 (TTY: Maine Relay 711) to make arrangements to either continue to pay the premiums for such coverage or temporarily suspend coverage. Failure to do so may result in the cancellation of coverage. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided you are notified in writing at least 15 days before the date that your health coverage will lapse.
- If you are taking leave to care for a grandchild with a serious health condition, you are allowed to continue your health and dental coverage at your own expense. You must contact Office of Employee Health and Wellness at (207) 624-7380 (TTY: Maine Relay 711) to make arrangements to either pay the premiums for such coverage or temporarily suspend coverage. Failure to do so may result in the cancellation of coverage. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided you are notified in writing at least 15 days before the date that your health coverage will lapse.
- 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; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FML; or 3) other circumstances beyond your control, you may be required to reimburse the State for its share of health and/or dental insurance paid on your behalf during your FML.
- For questions on what steps are necessary to maintain your life insurance, please call the Maine Public Employees Retirement System (MainePERS) at 1-800-451-9800.

SECTION VII – RETURN TO WORK

- If you are able to return to work earlier than anticipated, you will be required to notify us at least two workdays prior to the date you intend to report for work, if that change is foreseeable. If this occurs you will be required to provide a doctor's note, which must include any work restrictions and the anticipated duration of these restrictions.
- While on leave you will be required to furnish us with periodic reports of your status and intent to return to work upon request.

SECTION VIII – ADDITIONAL INFORMATION

All questions can be directed to your HR Representative listed in Section I of this form. The State of Maine's Primary Family and Medical Leave Policy and Family and Medical Leave Policy for Employees Taking Leave for a Grandchild with a Serious Health Condition are available on <https://www.maine.gov/bhr/state-hr-professionals/rules-policies/policy-practices-manual>.