

**Employer Response to Employee  
Regarding Family and Medical Leave  
(Family and Medical Leave Act of 1993)**



WASHOE COUNTY HUMAN RESOURCES  
1001 E. NINTH STREET  
P.O. BOX 11130  
RENO, NEVADA 89520

**To:**  
*(Employee's Name)*

**Date:**

**Department:**

**From:** Washoe County Department of Human Resources

**Subject:** Family and Medical Leave

On *(Date)*, you notified us or we became aware of your need to take leave which may qualify under the Family and Medical Leave Act (FMLA) due to:

- The birth of your 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  spouse,  parent,  child for which you are needed to provide care.

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month rolling calendar year (measured backward from the date the proposed leave is to begin) for the qualifying reasons listed above. Also, your health benefits will 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 on your return from 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 which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse Washoe County for the employer's share of health insurance premiums paid on your behalf during your FMLA leave.

You notified us that you need this leave beginning on *(insert specific date)* and that you expect leave to continue until on or about *(insert specific date)*.

This is to inform you that:

1.  You are eligible<sup>1</sup> for leave under the FMLA and your leave will be counted against your FMLA entitlement.
- You may be eligible<sup>1</sup> for leave under the FMLA however more information is needed. We are therefore making a preliminary designation of your leave against your FMLA entitlement subject to confirmation the leave qualifies for FMLA (see items #2 and #3).
- You are not eligible<sup>1</sup> for leave under the FMLA.

<sup>1</sup> Eligibility requirements are: (1) at least 12 months cumulative service and worked at least 1,250 hours at Washoe County during the 12 month period preceding the date the proposed FMLA leave is to begin; and (2) a qualifying reason for taking a FMLA leave; and (3) a remaining balance of FMLA leave satisfactory to cover the leave dates in the request.

2.  You have already provided a complete Application for Family Medical Leave for this current leave request.
- You must provide a complete Application for Family Medical Leave for this current leave request. You must furnish the Application for Family Medical Leave by \_\_\_\_\_ (*insert date*) (must be at least 15 days after you are notified of this requirement).

Should you need to extend or modify your leave request, you are required to complete a new Application for Family Medical Leave

3. a.  You have already provided satisfactory information and/or medical certification of a serious health condition for this current leave request.
- You are required to furnish complete medical certification of a serious health condition for this current leave request. You must furnish certification by \_\_\_\_\_ (*insert 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 complete certification is submitted.
- You may be required to furnish medical certification of a serious health condition (but not until further notice).
- b. Recertification of a serious health condition  may  will  will not be required if circumstances described by the previous certification have changed significantly (e.g., the duration or frequency of absences, the severity of the conditions, complications, etc.), or the employer receives information which casts doubt upon the employee's stated reason for the absence
- c. Additionally, if you are able to return to work earlier than the date indicated on page one, you will be required to notify us at least two work days prior to the date you intend to report to work.

4. While on leave, you  will  will not be required to furnish periodic reports to your supervisor every \_\_\_\_\_ (indicate interval of periodic reports, as appropriate for the particular leave situation) of your status and intent to return to work (see 825.309 of the FMLA regulations).

5.  You are required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
- You are required to provide a Physician's Release prior to being restored to employment. If such release is required but not received, your return to work may be delayed until release is provided.

6. You may elect to substitute accrued paid leave for unpaid FMLA leave. We  will  will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following condition will apply: (*Explain*)

7. During any period of unpaid FMLA leave, Washoe County will maintain the employee's health coverage under the "group health plan" for the duration of FMLA leave on the same terms as if the employee was at work. The employee must pay the employee's share of the premium for dependent coverage, when applicable, which will be billed each pay period by the Risk Management Office. Failure to pay the premium within the requested period will result in termination of dependent coverage. The employee will have the option to reinstate dependent coverage upon return to full time employment with no waiting period or qualification requirements.

Department Head Signature: \_\_\_\_\_ N/A \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources or designee: \_\_\_\_\_ Date: \_\_\_\_\_

Adapted from: U.S. Department of Labor, Form WH-381