UNIVERSITY OF HAWAIʻI
NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES TO EMPLOYEE
Hawaiʻi Family Leave Law (HFLL) and Family and Medical Leave Act (FMLA)

I. Date: _____

Employee First and Last Name: _____

Campus/School/Program: _____ BU: _____

Prepared by: _____ Phone #: _____
(Human Resources Unit or Designee (print and sign)

II. **On _____, you informed us or we acquired knowledge that you needed leave from _____ to _____ for:**
(Qualifying leave under HFLL may also qualify under the FMLA. Check both state HFLL and federal FMLA - if applicable.)

HFLL	FMLA
☐ Birth of a child and to care for the newborn (1)	☐ Birth of a child and to care for the newborn (1)
☐ Adoption (2)	☐ Adoption (2)
☐ To care for the employee's child, spouse, reciprocal beneficiary, parent, parent-in-law, sibling, legal guardian, grandchild, grandparent or grandparent-in-law with a serious health condition(3)	☐ To care for the employee's child, spouse or parent with a serious health condition (3) • Does not include siblings, grandparents and in-laws or reciprocal beneficiary
HFLL does not recognize, foster care, employee's own serious health condition, qualifying exigencies or to care for a Covered Servicemember with a serious health condition.	☐ Foster Care (2) ☐ Personal serious health condition (3) ☐ Military Family Leave – Qualifying Exigencies (4) ☐ Military Family Leave – To care for a Covered Servicemember with a serious health condition (3)
☐ Other: _____	☐ Other: _____

III. <u>NOTICE OF ELIGIBILITY</u>: This Notice is to inform you that you are:

HFLL	FMLA
☐ Eligible for HFLL leave	☐ Eligible for FMLA Leave
☐ Not eligible for HFLL leave because:	☐ Not eligible for FMLA leave because:
☐ You have <u>not</u> met the HFLL's 6 consecutive months of employment requirement. As of the first date of the requested leave, you will have worked approximately _____ months towards this requirement.	☐ You have <u>not</u> met the FMLA's 12-month length of service requirement. As of the first date of the requested leave, you will have worked approximately _____ months towards this requirement.
☐ The qualifying reason is not recognized under HFLL	☐ The qualifying reason is not recognized under FMLA
	☐ You have <u>not</u> met the FMLA's 1,250-hours worked requirement.
☐ Other: _____	☐ Other: _____

IV. **<u>RIGHTS AND RESPONSIBILITIES FOR TAKING HFLL OR FMLA LEAVE</u>**

I**n order for us to determine whether your absence qualifies as HFLL and/or FMLA, you must return the following information to us by _____**. If additional time is required, contact your human resources unit or designee listed above and explain the reason for your request. If sufficient information is not provided in a timely manner, your leave may be denied.

☐ Appropriate certification to support your request for HFLL and/or FMLA leave. Enclosed is WH-_____ certification form that sets forth the information necessary to support your request.

☐ Appropriate documentation to establish the required relationship between you and your family member.

☐ Other information needed (such as documentation for military family leave, adoption or foster care papers, court documents etc.): _____

☐ No additional information requested.

If your leave does qualify as HFLL and/or FMLA, you will have the following responsibilities while on leave:

- ☐ Health Insurance:
  - If you elect to substitute paid leave for the unpaid job protected leave, your premiums will continue to be deducted from your paycheck.
  - If your leave of absence without pay (LWOP) lasting more than 30 days, please ask your HR unit for a completed Form L-1 Hawai'i Employer-Union Health Benefits Trust Fund Authorized Leave of Absence Without Pay (L-1) form. 1) You may voluntarily waive your health insurance coverage by submitting a EC-1 form within 30 days of the beginning of the LWOP and may re-enroll in the same health plans upon your return from LWOP or 2) continue your health coverage while on LWOP and you will be responsible for your portion of the monthly premiums submitted to Hawai'i Employer-Union Health Benefits Trust Fund (EUTF) by the first of the month.
  - If you are on substitute paid leave or workers' compensation (WC) and elect to supplement the WC wages with available sick and/or vacation leave credits and at any time should the payment for your EUTF health insurance be insufficient, you shall make payment directly to EUTF. If you fail to pay the health insurance premium, your health plans will be cancelled retroactive to the date of the last paid premium and you will not be able to re-enroll in any EUTF plans until the next open enrollment.
- ☐ Substitution of paid leave (HFLL): You have the option to use your available paid ____ sick leave (must maintain fifteen (15) working days of accrued sick leave required by the State's Temporary Disability Benefits Plan), _____ vacation leave, and/or _____ compensatory time during your HFLL absence. Any paid or unpaid leave used will be considered protected HFLL leave and counted against your HFLL leave entitlement.
- ☐ Substitution of paid leave (FMLA): You have the option to use your available paid _____ sick leave, _____ vacation leave, and/or _____ compensatory time during your FMLA absence. Any paid or unpaid leave used will be considered protected FMLA leave and counted against your FMLA leave entitlement.
- ☐ Return to work: While on leave, you will be required to furnish the HR unit with periodic reports on your status and intent to return to work every _____. (Indicate the interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your situation change and you are able to return to work earlier than the date indicated on this form, please notify your HR unit at least two (2) working days prior to the date you intend to report for work or as soon as practicable.

If your leave does qualify as HFLL and/or FMLA leave, you will have the following rights while out on HFLL and/or FMLA leave.

- You have a right under the HFLL for up to 4 weeks of unpaid leave in a calendar year.
- You have a right under the FMLA for up to 12 weeks of unpaid leave in a calendar year.
- **If you qualify for both HFLL and FMLA**, the leave will run concurrently (no stacking)
- For faculty, you have a right under family leave for up to 4 months of unpaid leave in a calendar year.
- 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 servicemember with a serious injury or illness. This single 12-month period commences on _____.
- Your health benefits may be maintained during any period of unpaid leave under the same conditions if you complete the required documentation as mentioned in the previous section.
- 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 HFLL and/or FMLA protected leave. (If your leave extends beyond the end of your HFLL and/or FMLA entitlement, you do not have job protected rights under the HFLL and/or FMLA.)

- Once we obtain the information from you as specified above, we will inform you, within five (5) working days, whether your leave will be designated as HFLL and/or FMLA leave, and counted towards your HFLL and/or FMLA leave entitlement(s). If you have any questions, contact your HR unit or designee listed above or view the State of Hawaii, Department of Labor and Industrial Relations poster and/or the FMLA poster located in _____.

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(1) For birth of a child or to care for a newborn, employee provides certification to support your leave. (Doctor's note with expected delivery date or date of birth, or birth certificate, or WH 380 E - Certification of Health Care Provider for Employee's Serious Health Condition or WH 380 F - Certification of Health Care Provider for Family Member's Serious Health Condition)

(2) For adoption or foster care placement, employee provides certification to support your leave (adoption papers, court documents).

(3) For personal serious health condition or to care for a family member with a serious health condition, employee must furnishes the appropriate medical certification (WH 380-E (employee's serious health condition), WH 380-F (family member's serious health condition), WH-385 (servicemember's serious injury or illness), or WH-385-V (veteran's serious injury or illness))

(4) For qualifying exigency under the military family leave, employee must furnish WH-384 - Qualifying Exigency and supporting documents.