

DUPLIN COUNTY

**NOTIFICATION AND REQUEST FOR DETERMINATION OF ELIGIBILITY
FOR FAMILY AND MEDICAL LEAVE AND RELATED FORMS**

Employee Name: _____ Phone: _____

Department: _____

Reason for Leave: Employee or Family Member or Military Exigency _____
Relationship

**12 weeks maximum usage of FMLA in a 12 month period in
a calendar year.**

FMLA Certification Period: _____

Date Leave Begins: _____

Date Leave Ends: _____

Leave Usage: _____ Sick: _____ Vacation: _____ Comp: _____ Petty: _____ Leave w/o pay: _____

INSURANCE

Upon approval Duplin County shall maintain coverage for the employee under the County's group health for the duration of FMLA leave at no cost to the employee. The County shall recover the employee premiums if the employee fails to return after the period of leave to which the employee is entitled has expired for a reason other than the continuation, recurrence, or onset of a serious health condition or other circumstances beyond the employee's control.

If the employee goes into a Leave Without Pay Status and if the employee desires to continue dependent coverage while on FMLA leave, premiums must be paid to the County Finance Office by the 25th of each month.

I understand that a failure to return to work at the end of my FMLA may be treated as a voluntary resignation.

Employee's Signature

Date

Accepted by: Department Head

Date

Name: _____

Address: _____

Phone: _____

Forms Provided to Employee

Date:

_____ Fact Sheet #28 The Family and Medical Leave Act of 1993

_____ Form WH-380-E Certification of Health Care Provider for
Employee's Serious Health Condition (FMLA)

_____ Form WH-380-F Certification of Health Care Provider for
Family Member's Serious Health Condition (FMLA)

Date:

_____ Fact Sheet # 28A The Family and Medical Leave Act **Military**
Family Leave Entitlements

_____ Form WH-384 Certification of Qualifying Exigency for **Military**
Family Leave (FMLA)

_____ Form WH-385 Certification for Serious Injury or Illness of
Covered Servicemember - for **Military** Family leave (FMLA)

Notices Sent

Date:

_____ Form WH-381 Notice of Eligibility and Rights &
Responsibilities (FMLA)

_____ Form WH-382 Designation Notice (FMLA)

_____ Form Fitness for Duty Certification & Notice of Intent to
Return to Work

Letters Sent

Date:

_____ Certification and/or Declaration of Relationship not received

_____ FMLA follow up

_____ Exhausted FMLA/Voluntary Resignation