

Department of Children and Family Services
FMLA Notice of Eligibility, Rights and Responsibilities (FMLA-1 Instructions)

CURRENT VERSION OF FORM: Issued: 2/28/2013

PURPOSE:

To provide official notice of the Department decision to an employee regarding his/her eligibility for family medical leave and of the “employee’s” rights and responsibilities if determined eligible.

PREPARATION:

The form must be provided to the employee within five business days of the employee notifying the employer (or the employer otherwise becoming aware) of the need for FMLA leave.

(Provided sufficient information is available, the form may be provided to the employee at the same time the Designation Notice is provided.)

Part A - Check only one reason for employee’s ineligibility.

Complete Part B only if the employee is eligible for FMLA.

Allow the employee at least 15 calendar days from receipt of the notice to provide additional information. Additional time may be allowed in some circumstances.

Check applicable attachments on page 2.

DISPOSITION

The supervisor must maintain this form and all FMLA leave documents in a separate, confidential employee file for 3 years.