



# Mineral County School District

751 A. Street, P. O. Box 1540, Hawthorne, Nevada 89415

Phone (775) 945-2403 Fax (775) 945-3709

Karen Watson, Superintendent

## Board of Trustees:

Keith Neville -President;

Kathryn Castagnola-Clerk; Shyler Hagen

Candice Birchum – Vice President; Tyler Viani

## Notice of Eligibility and Rights and Responsibilities for Emergency Family and Medical Leave

To

From: Hope Blinco

Date:

Part A:

On \_\_\_\_\_, you informed us that you needed leave beginning on \_\_\_\_\_ because you are unable to work (or telework) due to a need for leave to care for a child or children under 18 because the school or place of care has been closed, or the child care provider is unavailable due to a public health emergency declared by a Federal, State, or local authority with respect to COVID-19.

This notice is to inform you that you:

\_\_\_\_\_ Are eligible for Emergency FMLA leave.

\_\_\_\_\_ Are not eligible for FMLA leave, because you have not been employed for at least 30 days.

Part B:

This Part will be completed if employee is eligible in Part A.

As explained in Part A, you meet the eligibility requirements for taking emergency FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as emergency FMLA leave, you must return the following information to us by (insert date). If sufficient information is not provided in a timely manner, your leave may be denied.

- Qualifying reason for requesting leave,
- Documentation supporting the reason for leave (such as a notice that has been posted on a government, school, or day care website),
- Statement that the employee is unable to work, including telework, for that reason, and
- The date(s) for which leave is requested

Contact **Hope Blinco at 775-945-2403 ext. 16** to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

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You will be able to elect to use your available paid \_\_\_\_\_ sick, \_\_\_\_\_ vacation, and/or \_\_\_\_\_ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us as soon as practicable.

If your leave does qualify as emergency FMLA leave you will have the following rights:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:  
\_\_\_\_\_ the calendar year (January – December).  
\_\_\_\_\_ a fixed leave year based on \_\_\_\_\_.  
\_\_\_\_\_ the 12-month period measured forward from the date of your first FMLA leave usage. \_\_\_\_\_ a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- 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 FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following emergency FMLA leave, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

**Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as emergency FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact: Hope Blinco at 775-945-2403 ext. 16.**

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