

Notice of Eligibility & Rights and Responsibilities under the Family and Medical Leave Act

U.S. Department of Labor Wage and Hour Division



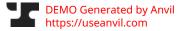
Expires: 6/30/2026

OMB Control Number: 1235-0003

DO NOT SEND TO THE DEPARTMENT OF LABOR. PROVIDE TO EMPLOYEE.

In general, to be eligible to take leave under the Family and Medical Leave Act (FMLA), an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. §§ 825.300(b), (c) which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

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Date	12/25/2025	(mm/dd/yyyy)		
Fron	n: Employer Name	(Employer) To:Emp	oloyee Name	(Employee)
_	12/25/2025 (mm/dd/yyyy), vone of the following reasons: (Select	we learned that you need leave as appropriate)	(beginning on) 12/25/2025	(mm/dd/yyyy)
	The birth of a child, or placement of newly-placed child	a child with you for adoption	or foster care, and to bond with the	ne newborn or
	Your own serious health condition			
	You are needed to care for your fam	ily member due to a serious he	ealth condition. Your family mem	iber is your:
	☑ Spouse ☐ Pare	nt □ Child under age 18	Child 18 years or older and care because of a mental or	•
	A qualifying exigency arising out of an impending call or order to covere			
		nt		
	You are needed to care for your fam are the servicemember's:	ily member who is a covered	servicemember with a serious inju	ıry or illness. You
	☐ Spouse ☐ Pare	nt Child	☐ Next of kin	
marr oblig to th	ise means a husband or wife as defined iage or same-sex marriage. The terms gations of a parent to a child. An employe employee when the employee was a cassumed the obligations of a parent. No	'child' and "parent" include in la ree may take FMLA leave to care child. An employee may also take legal or biological relationship is	for an individual who assumed the of FMLA leave to care for a child for necessary.	a person assumes the bligations of a parent
	SEO	CTION I – NOTICE OF E	LIGIBILITY	
This	S Notice is to inform you that you	are:		
	Eligible for FMLA leave. (See Section and Responsibilities.)	on II for any Additional Informati	on Needed and Section III for inform	ation on your Rights
	Not eligible for FMLA leave becaus	se: (Only one reason need be che	cked)	
	☐ You have not met the FMLA	's 12-month length of service	requirement. As of the first date of	of requested leave,
	you will have worked approx	cimately: $\frac{12,345}{(months)}$ towards	this requirement.	
	☐ You have not met the FMLA	's 1,250 hours of service requ	rement. As of the first date of rec	juested leave, you
	will have worked approxima	tely: 12,345 toward	s this requirement.	

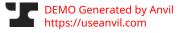


Em	nployee Name:				
	You are an airline flight crew employee and you have not met the sp for airline flight crew employees as of the first date of requested lea of your applicable monthly guarantee, and worked or been paid for	ve (i.e., worked or been paid for at least 60%			
	☐ You do not work at and/or report to a site with 50 or more employed request.	es within 75-miles as of the date of your			
If y	you have any questions, please contact: Robin W. Smith	(Name of employer representative)			
at_	Employer representative contact information	(Contact information).			
	SECTION II – ADDITIONAL INFORMAT	ION NEEDED			
bel lea you	explained in Section I, you meet the eligibility requirements for taking I low to determine if additional information is needed in order for us to determine. Once we obtain any additional information specified below we will intuit leave will be designated as FMLA leave and count towards the FMLA fficient information is not provided in a timely manner, your leave may	ine whether your absence qualifies as FMLA form you, within 5 business days, whether leave you have available. If complete and			
(Se	lect as appropriate)				
X	No additional information requested. If no additional information requested, go to Section III.				
X	We request that the leave be supported by a certification, as identified below.				
	- · ·	vider for the Employee's Family Member r Injury (Military Caregiver Leave)			
	Selected certification form is □ attached / □ not attached.				
	If requested, medical certification must be returned by calendar days from the date the employer requested the employee to provide certification, diligent, good faith efforts.)	(mm/dd/yyyy) (Must allow at least 15 unless it is not feasible despite the employee's			
X	We request that you provide reasonable documentation or a statement to establish the relationship between you are your family member, including <i>in loco parentis</i> relationships (as explained on page one). The information requested must be returned to us by 12/25/2025 (mm/dd/yyyy). You may choose to provide a simple statement of the relationship or provide documentation such as a child's birth certificate, a court document, or documents regarding foster care or adoption-related activities. Official documents submitted for this purpose will be returned to you after examination.				
	Other information needed (e.g. documentation for military family leave):	Other information description			
	The information requested must be returned to us by 12/25/2025	(mm/dd/yyyy).			
If y	you have any questions, please contact: Robin W. Smith	(Name of employer representative)			
at	Contact person information	(Contact information).			

SECTION III - NOTICE OF RIGHTS AND RESPONSIBILITIES

Part A: FMLA Leave Entitlement

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to 12 weeks of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for leave related to your own or a family member's serious health condition, or for certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right



Em	ployee	Name:
		FMLA to take up to 26 weeks of unpaid, job-protected FMLA leave in a single 12-month period to care for a ervicemember with a serious injury or illness (<i>Military Caregiver Leave</i>).
The	e 12-m	nonth period for FMLA leave is calculated as: (Select as appropriate)
		The calendar year (January 1 st - December 31 st) A fixed leave year based on Fixed leave year description
		(e.g., a fiscal year beginning on July 1 and ending on June 30)
		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. (Each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start.)
If a	pplica	ble, the single 12-month period for <i>Military Caregiver Leave</i> started on 12/25/2025 (mm/dd/yyyy).
this	reaso	are $/\square$ are not) considered a key employee as defined under the FMLA. Your FMLA leave cannot be denied for on; however, we may not restore you to employment following FMLA leave if such restoration will cause all and grievous economic injury to us.
sub	stantia	ave / \square have not) determined that restoring you to employment at the conclusion of FMLA leave will cause all and grievous economic harm to us. Additional information will be provided separately concerning your status aployee and restoration.
You that you the lear req	u have t you o meet design ve, yo	Substitution of Paid Leave – When Paid Leave is Used at the Same Time as FMLA Leave a right under the FMLA to request that your accrued paid leave be substituted for your FMLA leave. This means can request that your accrued paid leave run concurrently with some or all of your unpaid FMLA leave, provided any applicable requirements of our leave policy. Concurrent leave use means the absence will count against both nated paid leave and unpaid FMLA leave at the same time. If you do not meet the requirements for taking paid u remain entitled to take available unpaid FMLA leave in the applicable 12-month period. Even if you do not , the FMLA allows us to require you to use your available sick, vacation, or other paid leave during your FMLA
(Ch	eck all	that apply)
X		e or all of your FMLA leave will not be paid. Any unpaid FMLA leave taken will be designated as FMLA and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
	leave	have requested to use some or all of your available paid leave (e.g., sick, vacation, PTO) during your FMLA. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of A leave you have available to use in the applicable 12-month period.
	leave	re requiring you to use some or all of your available paid leave (e.g., sick, vacation, PTO) during your FMLA. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of A leave you have available to use in the applicable 12-month period.
	FML	Other paid leave r: (e.g., short- or long-term disability, workers' compensation, state medical leave law, etc.) substitution description—time taken for this reason will also be designated as FMLA leave and counted against the amount of A leave you have available to use in the applicable 12-month period.
The		cable conditions for use of paid leave include: Applicable conditions for use of paid leave
For	more	Reference information about conditions applicable to sick/vacation/other paid leave usage please refer to document ce document name Reference document availability location



Employee Name:

Part C: Maintain Health Benefits

Your health benefits must be maintained during any period of FMLA leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave. During any unpaid portion of FMLA leave, you must continue to make any normal contributions to the cost of the health insurance premiums. To make arrangements to continue to make your share of the premium payments on your health insurance while you are on any unpaid FMLA leave, contact Health insurance contact name at Health insurance contact phone.

You have a minimum grace period of (\overline{\text{M}} 30-days or \overline{\text{Grace period}} indicate longer period, if applicable) in which to make premium payments. If payment is not made timely, \overline{\text{VOUD broup}} broup 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.

You may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave if you do not return to work following **unpaid** FMLA leave for a reason other than: the continuation, recurrence, or onset of your or your family member's serious health condition which would entitle you to FMLA leave; or the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control.

Part D: Other Employee Benefits

Upon your return from FMLA leave, your other employee benefits, such as pensions or life insurance, must be resumed in the same manner and at the same levels as provided when your FMLA leave began. To make arrangements to continue your employee benefits while you are on FMLA leave, contact

Other benefits contact name

other benefits contact phone

Part E: Return-to-Work Requirements

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. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.

Part F: Other Requirements While on FMLA Leave

While on leave you (will be / will not be) required to furnish us with periodic reports of your status and intent to return to work every Periodic report interval

(Indicate interval of periodic reports, as appropriate for the FMLA leave situation).

If the circumstances of your leave change and you are able to return to work earlier than expected, you will be required to notify us at least two workdays prior to the date you intend to report for work.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR. EMPLOYEE INFORMATION.