



# ARCHDIOCESE OF CHICAGO

## FMLA ELIGIBILITY FORM



The Archdiocese of Chicago allows a continuous Family or Medical Leave of Absence of up to six months, within any calendar year, for all employees who meet the following conditions. The employee must:

1. Have at least one full year of service.
2. Have worked at least 1,250 hours in the previous year. (the preceding 12 months)
3. Intend to return to work by the end of the approved leave.
4. Submit supporting documentation such as the Health Care Provider form as appropriate to the leave.

**TO (Employee Name):** \_\_\_\_\_

On \_\_\_\_\_ you informed us that you needed a leave beginning on \_\_\_\_\_ based upon:

\_\_\_\_\_ The birth of a child, or placement of a child with you for adoption or foster care.

\_\_\_\_\_ Your own serious health condition.

\_\_\_\_\_ To care for your: \_\_\_ spouse \_\_\_ child \_\_\_ parent due to his/her serious health condition.

\_\_\_\_\_ A qualifying exigency arising out of the fact that your \_\_\_ spouse \_\_\_ child \_\_\_ parent is on covered active duty or call to covered active duty status with the Armed Forces.

\_\_\_\_\_ Your status as the \_\_\_ spouse \_\_\_ child \_\_\_ parent \_\_\_ next of kin of a covered service member with a serious injury or illness.

**THIS NOTICE IS TO INFORM YOU THAT YOU ARE:**

\_\_\_\_\_ Eligible for FMLA leave.

Employee must submit supporting documentation (using the **Health Care Provider form**) within 2 weeks of the request for leave.

\_\_\_\_\_ **Not** eligible for FMLA leave. (Only one reason need be checked, although you may not be eligible for other reasons):

\_\_\_\_\_ You have not met the 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.

\_\_\_\_\_ You have not met the hours of service requirement (1250 hours in the previous year).

\_\_\_\_\_ You do not intend to return to work following the Leave.

If you have any questions, contact Human Resources at [hr@archchicago.org](mailto:hr@archchicago.org) , or (312)534-5360.

**FROM:** \_\_\_\_\_  
(Name, Title and Signature of Supervisor/Human Resources)

**A copy of this form must be provided to the employee within five business days after they have notified the employer of their request for FMLA.**