(Date)

(Name)

(Street Address)

(City, State and Zip Code)

Re: Family Leave Approval - Family Member Serious Health Condition

Dear (Name),

Your request for leave to care for a family member with a serious health condition is approved under University policy for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_. If some or all of your leave is covered by the provisions of the Family and Medical Leave Act (FMLA) and/or the New Jersey Family Leave Act (NJFLA), please read the attached Designation Notice for information regarding your approved FMLA and/or NJFLA leave and contact me if you have any questions.

If your leave is intermittent and does not follow a set schedule, you must follow your department’s call in procedures when requesting leave, and clearly indicate that the leave is for a reason covered by your approved family leave.

If you need to request a leave extension, please notify me at least 30 days in advance of your return to work date, or if your need for an extension was not foreseeable, as soon as you are aware of the need for additional leave. A late request without justification may result in a delay or denial of your leave. The maximum amount of leave you are entitled to is 12 weeks in a 12-month period under University policy and FMLA, and 12 weeks in a 24-month period under NFJLA. Leave taken under FMLA and NJFLA will run concurrently. If you fail to return to work and have not requested an extension, your absence will be unauthorized and may result in disciplinary action, up to and including termination from employment.

If you are on unpaid leave, you will be responsible for the monthly medical and prescription drug health benefits employee premium share costs (i.e., the amount normally deducted from your paycheck) for up to twelve weeks of unpaid leave. Contact UHR Benefits Enrollment at 848-932-3990 or [benefits@hr.rutgers.edu](mailto:benefits@hr.rutgers.edu) to discuss how to continue to make your share of the premium payments on your health insurance to maintain health benefits during your period of unpaid leave. If you have dental insurance, you will be responsible for payment of the full premium for any period of unpaid leave. More information regarding health benefits while on an unpaid leave of absence is available at: <http://uhr.rutgers.edu/worklife-balance/leave-absence/medical-prescription-drug-and-dental-coverage>.

If a portion of your leave is unpaid, you may also be eligible for New Jersey Family Leave Insurance. This state program provides partial income replacement for up to six weeks or 42 days of unpaid leave. Information on this program as well as the application form can be found at: [http://lwd.dol.state.nj.us/labor/fli/fliindex.html](http://lwd.dol.state.nj.us/labor/fli/fliindex.html%20) . If you choose to apply, complete your portion of the application (and your family member’s health care provider must complete a portion) and send it to University Human Resources via fax (732-932-0047) or mail (University Human Resources Operations, Rutgers, The State University of New Jersey, 57 U.S. Highway 1, New Brunswick, N.J., 08901-8554) for completion of the employer portion of the form. University Human Resources will send completed applications to the NJ Department of Labor for a decision. Your application must reach the NJ Department of Labor within 30 days of the first day of your Family Leave Insurance claim.

Please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions.

Sincerely,