



Mashantucket Pequot
Tribal Nation

MASHANTUCKET EMPLOYMENT RIGHTS OFFICE (MERO)

Notice of Eligibility and Rights and Responsibilities

For leave under Title 51, the Mashantucket Pequot Family and Medical Leave Law (MFML Law)

Your employer has received your request for family or medical leave under the Mashantucket Pequot Family and Medical Leave Law (MFML Law). Please review carefully the following information about your eligibility for leave under the MFML Law, and your rights and responsibilities.¹ Leave under the MFML Law may be referred to on this form as "MFML" or "leave." Information about the MFML Law may be found at MERO.mptn-nsn.gov.

TO (Employee)	Employee No.
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FROM (Employer)	Date (mm/dd/yyyy)
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DATE EMPLOYER LEARNED OF YOUR NEED FOR LEAVE (mm/dd/yyyy)	DATE YOU REQUESTED THE LEAVE TO BEGIN (mm/dd/yyyy)
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REASON YOU PROVIDED FOR THE NEED FOR LEAVE:

- For the birth of a child, or placement of a child with you for adoption or foster care.
- To bond with a healthy newborn or newly placed child.
- For your own serious health condition.
- You are needed to care for your family member who has a serious health condition.
- To donate a human organ or bone marrow.
- For a qualifying exigency arising out of the fact that your family member in the U.S. Armed Forces has been notified of an impending covered active duty deployment to a foreign country.
- You are a family member or next of kin needed to care for a covered current or veteran servicemember with a serious injury or illness (Military Caregiver Leave).

RELATIONSHIP WITH PERSON FOR WHOM YOU ARE REQUESTING LEAVE (Reason 3, 6 or 7 above):

Spouse Child (of any age) Parent Next of Kin
 Sibling Grandchild Grandparent Other (specify): _____

SECTION I – NOTICE OF ELIGIBILITY

This Notice is to inform you that you are:

Eligible for leave under the MFML Law. (See Section II for any Additional Information Needed and Section III for information about your Rights and Responsibilities.)

Not eligible for leave under the MFML Law because:

You have not met the below length of service requirement.

Six (6) months of continuous service for your own serious health condition or to donate an organ or bone marrow.

Twelve (12) months of employment for any qualifying reason other than your own serious health condition or to donate an organ or bone marrow.

As of the first date of requested leave, you will have worked the following amount of time toward the length of service requirement: _____

You have not met the 1,250 hours of service requirement (for any qualifying reason other than your own serious health condition or to donate an organ or bone marrow).

As of the first date of requested leave, you will have worked the following number of hours toward this requirement: _____

QUESTIONS? Please contact: _____ at _____

¹ Use of this form is optional, but an employer is required to provide an employee with the information reflected in this form within five (5) business days of notification of the need for leave. An employer must provide the employee with any forms the employer requires to be completed.

Mashantucket Employment Rights Office, MPTN, Pequot Museum, 110 Pequot Trail/ P.O. Box 3180, Mashantucket, CT 06338-3180 MERO Form-51-6340
 Ph: (860) 396-6508 F: (860) 396-6511 Email: MERO@mptn-nsn.gov Website: MERO.mptn-nsn.gov Facebook: www.facebook.com/MEROMessage (02-05-24)

SECTION II – ADDITIONAL INFORMATION NEEDED

As explained in Section I, you meet the eligibility requirements for taking leave under the MFML Law. Please review the information below to determine if additional information is needed in order for us to determine whether your absence qualifies as leave under the MFML Law. Once we obtain any additional information specified below we will inform you, **within five (5) business days**, whether your leave will be designated as MFML and count towards the MFML you have available. **If complete and sufficient information is not provided in a timely manner, your leave may be denied.** (Select as appropriate)

- No additional information requested. If no additional information is requested, go to Section III.
- We request that the leave be supported by a certification, as identified below. (A certification may not be required to bond with a health newborn or newly placed child.)

- Health Care Provider for Employee for Serious Health Condition Organ or Bone Marrow Donation
- Health Care Provider for Employee’s Family Member
- Health Care Provider for Military Member (for Military Caregiver Leave)
- Certification of Qualifying Exigency

The selected certification form is attached not attached. If requested, the certification must be returned by: _____ (mm/dd/yyyy)

(If you are unable to return the completed form within 15 calendar days despite diligent, good faith efforts, you must advise the employer and you may request more time to submit the certification.)

- We request that you provide a statement to establish the relationship between you and the person for whom you are requesting leave, including *in loco parentis* relationships. You may provide a simple written statement or complete the Verification of Relationship form. (Form 51-6350 available at MERO.mptn-nsn.gov)

The Verification of Relationship form is attached not attached If requested, a completed Verification of Relationship form or a statement of your relationship to the person for whom you are requesting leave, must be returned by: _____ (mm/dd/yyyy)

- Other information needed (specify): _____

The requested information must be returned by: _____ (mm/dd/yyyy)

QUESTIONS? Please contact: _____ at _____

SECTION III – NOTICE OF RIGHTS AND RESPONSIBILITIES

Section III, Part A: Leave Entitlement under the MFML Law

You have a right under the MFML Law to take unpaid, job-protected 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 family member to covered active duty. You also have a right to take **an additional 2 weeks** of continuous unpaid, job-protected leave for your own serious health condition. You also have a right under the MFML Law to take **up to 26 weeks** of unpaid, job-protected MFML Law leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (Military Caregiver Leave). The 12-month period for MFML Law leave is calculated as: (Select as appropriate)

- The calendar year (January 1 - December 31)
- A fixed leave year based on _____ (e.g., a fiscal year beginning on October 1 and ending on September 30)
- The 12-month period measured forward from the date of your first usage of leave under the MFML Law.
- A “rolling” 12-month period measured backward from the date of any usage of leave under the MFML Law. (Each time an employee takes MFML, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the MFML is to start.)

If applicable, the start of the single 12-month period for Military Caregiver Leave is _____ (mm/dd/yyyy)

Section III, Part B: Substitution of Paid Leave -When Paid Leave is Used at the Same Time as MFML.

You have a right under the MFML Law to request that your accrued paid leave be substituted for your leave under the MFML Law. This means that you can request that your accrued paid leave run concurrently with some or all of your unpaid leave under the MFML Law, provided you meet any applicable requirements of our leave policy. Concurrent leave use means the absence will count against both the designated paid leave and unpaid leave under the MFML Law at the same time. If you do not meet the requirements for taking paid leave, you remain entitled to take available unpaid MFML in the applicable 12-month period. Even if you do not request it, the MFML Law allows us to require you to use your available sick, vacation, or other paid leave during your leave under the MFML Law. However, you may choose to retain up to two (2) weeks of accrued paid leave. We are permitted to determine the type of accrued paid leave you may retain. *(Employer, check all below that apply)*

- Some or all of your leave under the MFML Law will not be paid. Any unpaid MFML taken will be designated as MFML and counted against the amount of MFML you have available to use in the applicable 12-month period.
- You have requested to use your available paid leave (e.g., sick, vacation, PTO) during your leave under the MFML Law. Any paid leave taken for this reason will also be designated as MFML and counted against the amount of MFML you have available to use in the applicable 12-month period.
- We are requiring you to use your available paid leave during your leave under the MFML law, subject to your right to retain up to two (2) weeks of accrued paid leave. Any paid leave taken for this reason will also be designated as MFML and counted against the amount of MFML you have available to use in the applicable 12-month period.
- Other: (e.g., short- or long-term disability, workers' compensation) _____
Any time taken for this reason will also be designated as leave under the MFML Law and counted against the amount of MFML you have available to use in the applicable 12-month period.

The applicable conditions for use of paid leave include: _____

You have requested to retain _____ hours days weeks of accrued, paid leave.

We require that you retain the following type of paid leave, if it is accrued: _____

For more information about conditions applicable to sick/vacation/other paid leave usage, please refer to _____ available at _____.

Section III, Part C: Maintain Health Benefits

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

_____ at _____

You have a minimum grace period of 30-days or _____ *(indicate longer period, if applicable)* in which to make premium payments. If payment is not made timely, your group health insurance may be canceled, 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 your MFML, 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 leave under the MFML Law if you do not return to work following **unpaid** leave under the MFML Law 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 leave under the MFML Law; or the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to leave under the MFML Law; or other circumstances beyond your control.

Section III, Part D: Other Employee Benefits

Upon your return from leave under the MFML Law, 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 MFML Law leave began. Employee benefits other than group health insurance that may be continued during your leave are:

To arrange to continue available benefits while you are on MFML, contact

_____ at _____

Section III, Part E: Return-to-Work Requirements

In most cases on your return from MFML Law-protected leave, you must be reinstated to your original job if it is still available or, if it is not available, an equivalent job, with the same pay, benefits, and terms and conditions of employment. 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 leave under the MFML Law, 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 MFML Law if you need leave beyond the amount of leave under the MFML Law you have available to use.

You are are not considered a highly compensated employee as defined under the MFML Law. Your leave under the MFML Law cannot be denied for this reason; however, we may not restore you to employment following MFML if such restoration will cause substantial and grievous economic injury to us.

(For highly compensated employee only) We have have not determined that restoring you to employment at the conclusion of your leave under the MFML Law will cause substantial and grievous economic harm to us. Additional information will be provided separately concerning your status as a highly compensated employee and employment restoration.

Section III, Part F: Other Requirements While on Leave under the MFML Law

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 _____ *(Indicate interval of periodic reports, as appropriate for the MFML Law 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 (2) workdays prior to the date you intend to report for work.

QUESTIONS? Please contact *(insert name and contact information):*

Note to Employer: Do not send the completed form to the MERO. Provide the completed form to the employee.