



MASHANTUCKET EMPLOYMENT RIGHTS OFFICE (MERO)

Claim of Family or Medical Leave Violation

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

A claim against the Mashantucket Pequot Tribe may be filed with the Mashantucket Employment Rights Office (MERO) within 180 calendar days of the event you believe was not compliant with the Mashantucket Pequot Family and Medical Leave Law (MFML Law). Leave under the MFML Law may be referred to in this form as "MFML" or "leave."

Full information must be provided, and entries must be typed or clearly printed, or your claim may not be processed. This form must be signed under oath before a notary, the MERO Director, or other person legally authorized to administer oaths under applicable law. To be timely, the completed form, signed under oath, must be received by the MERO within 180 days of the event you believe was not compliant with the MFML Law.

If your claim involves more than one leave under the MFML Law, please complete a form for each leave. If you have claims against more than one tribal entity, please complete a separate form for each entity.

For additional information, please see Information for Claimants, MERO Form 51-7100. If you need assistance, please contact the MERO at 860-396-6508 or MERO@mptn-nsn.gov.

Section 1: CLAIMANT INFORMATION

1.1. Full Name (Print)

1.2. Best E-mail (Note: By providing an email address, you agree to receive communications from the MERO via email. Communications may be time sensitive, so please provide an address for an email that you check regularly. If you will not have email access, please check here. [])

1.3. Home Address

1.4. Mailing Address (if different from home address)

1.5. Best Phone Number

1.6. Alternate Phone Number

Section 2: INFORMATION ABOUT TRIBAL ENTITY THAT YOU BELIEVE VIOLATED THE LAW

2.1. Identify the Tribal entity you believe violated the MFML Law. Please indicate the Tribal entity involved even if your employer was using a third party to administer its leave program.

- Checkboxes for Foxwoods Resort Casino, Tribal Government, Mashantucket Pequot Museum, Pequot Health Care, and Other (indicate the name):

2.2. Name of Unit/Department where the violation took place:

2.3. Name(s) and position(s) of individual(s) who denied you your rights:

Please answer the following questions about the position you held at the time the violation took place.

2.4. What employment position did you hold? _____

2.4.a. Was the position located on the Mashantucket Pequot Tribe's Reservation? (check the best answer)

- Checkboxes for Yes, No, I worked all or partially remotely and reported to a department on the Reservation, I worked all or partially remotely and reported to a department located outside the Reservation

2.4.b. What was your employment status in the position? (check all that apply) [] Hourly [] Salaried

- Checkboxes for Full-Time, Part-Time, Casual, Other (describe):

2.4.c. Was the position in a collective bargaining unit represented by a Union? [] Yes [] No

If yes, please indicate the name of the Union: _____

Section 3: EMPLOYMENT STATUS INFORMATION

The answers to the questions below are important to show that you qualified for certain benefits under the MFML Law. The questions relate to employment with any department, division or entity of the Tribe, not just the entity you identified in Section 2. Please make certain to provide accurate dates.

3.1. Please indicate your first date of employment with the Tribe _____ (mm/dd/yyyy)

3.2. Please check/complete Section 3.2.a. or 3.2.b., as applicable:

3.2.a. If your claim relates to a denial of leave or benefits for your own serious health condition or to be an organ or bone marrow donor, were you employed by the Tribe for at least six (6) consecutive months (26 weeks) before the start date of the leave? Yes No

3.2.b. If your claim relates to a denial of leave or benefits for any reason other than your own serious health condition or to be an organ or bone marrow donor:

3.2.b.i. Were you employed by the Tribe for at least 1250 hours during the 12 months (52 weeks) before the start date of the leave? Yes No

3.2.b.ii. Were you employed by the Tribe for at least twelve (12) months during the seven (7) years before the start date of the leave? Yes No If you answered "yes," please identify the Tribal entities that you worked for at any time during the seven (7) year period: _____

Section 4: LEAVE REQUEST INFORMATION

Please answer ALL the questions below that apply to your claim.

4.1. When did you submit your request for leave? _____ (mm/dd/yyyy)

4.1.a. What was your requested start date for your leave? _____ (mm/dd/yyyy)

4.1.b. If you submitted your request in writing, what form did it take? Memo Email Text message

4.1.c. Please indicate to whom you made your request (*name and/or position of person*): _____

4.2. What type of leave did you request?

Continuous Intermittent (periodic) Reduced work schedule

Other (*describe*): _____

4.3. What reason(s) did you give for requesting leave? (*mark all applicable*)

My own serious health condition

To care for a family member with a serious health condition

To donate a human organ or bone marrow

For the birth of my child For the care of my newborn

For the placement (adoption or foster care) of my child For the care of my newly placed child

For a qualifying exigency related to a military family member's foreign deployment

As a family member or next of kin, to care for a covered servicemember with a serious illness or injury

Other (*describe*): _____

4.3.a. If you requested leave to care for a family member with a serious health condition, the person for whom you are/were needed to provide care is your (*please indicate the relationship of the family member to you*):

Spouse Sibling Child Grandchild Parent Grandparent

Other (*describe*): _____

4.3.b. If you requested leave to care for a covered current or veteran servicemember with a serious illness or injury, you are the covered servicemember's (*please indicate your relationship to the servicemember*):

Spouse Sibling Child Grandchild Parent Grandparent Next of Kin

Other (*describe*): _____

Section 5: SUMMARY CLAIM INFORMATION

Please check ALL the boxes that best complete the sentence and describe your claims against your employer. Your employer includes any agents or third parties, such as a third-party administrator (TPA) acting on behalf of your employer.

I believe my employer interfered with the exercise of my rights under the MFML Law and MERO §§ 51-1-1-1 et seq. in violation of 51 M.P.T.L. ch. 7, § 1 because:

- 5.1. I was denied leave to which I am entitled under the MFML Law on _____ (mm/dd/yyyy)
What reason(s) did the employer give for denying your request? (check all reasons provided by your employer)
 - The MFML Law did not apply to my request.
 - I did not meet the eligibility requirements for the requested leave under the MFML Law.
 - I did not have any/sufficient leave under the MFML Law to use.
 - Other (describe in Section 6, Claimant Statement).
- 5.2. The employer violated the certification requirements under the MFML Law and regulations because:
 - The employer denied me enough time to correct a certification that it considered incomplete or insufficient.
 - The employer required me to provide a certification or recertification when it was not permitted to do so.
 - Other (describe in Section 6, Claimant Statement).
- 5.3. I was denied the following benefits during my leave that are required under the MFML Law and regulations:
 - Continuation of group health insurance benefits on the same terms as if I had not taken leave.
 - Benefits the employer provided to other employees on leave (describe in Section 6, Claimant Statement).
 - Other (describe in Section 6, Claimant Statement).
- 5.4. The employer interfered with, restrained, or denied me my rights during my leave by:
 - Transferring me to a temporary alternative position that was not equivalent in pay and benefits.
 - Requiring me to use all my accrued paid leave when I was entitled to keep two (2) weeks of accrued leave.
 - Pressuring me to return to work sooner than I planned.
 - Other (describe in Section 6, Claimant Statement).
- 5.5. At the end of my leave, the employer did not restore me to the same position I had held before my leave by:
 - Failing to reinstate me on _____ (mm/dd/yyyy).
 - Reinstating me to a lesser position.
 - Failing to reinstate the benefits I received before my leave under the MFML Law.
 - Other (describe in Section 6, Claimant Statement).
- 5.6. The employer did not provide me with the following notices required by the MFML Law and regulations:
 - Notice of my rights under the MFML Law.
 - Eligibility, Rights and Responsibilities and/or Designation Notice(s).
 - Other (describe in Section 6, Claimant Statement)
- 5.7. The employer discriminated or retaliated against me because I exercised my rights under the MFML Law by:
 - Taking leave under the MFML Law.
 - Opposing or complaining about my employer's unlawful practice.(describe in Section 6, Claimant Statement)
 - Filing a claim under the MFML Law. (describe in Section 6, Claimant Statement)
 - Testifying or providing information to the MERO or Tribal Court in a proceeding under the MFML Law.
 - Other (describe in Section 6, Claimant Statement)

5.7.a. Answer all the questions below that explain how you believe the employer discriminated or retaliated against you because you exercised your rights under the MFML Law.

 - 5.7.a.i.** Were you denied a benefit or opportunity (such as promotion)? Yes No (If yes, describe in Section 6, Claimant Statement.)
 - 5.7.a.ii.** Were you disciplined? Yes No (If yes, describe in Section 6, Claimant Statement)
 - 5.7.a.iii.** Were you suspended or terminated? Yes, suspended Yes, terminated No
If you answered "yes," on what date? _____ (mm/dd/yyyy)
 - 5.7.a.iv.** If you were suspended or terminated, have you filed an appeal under Title 8, M.P.T.L. regarding your suspension or termination? Yes No If you answered "yes," have you received or are you waiting for a decision under Title 8, M.P.T.L. regarding your suspension or termination? Yes No
- 5.8. The employer violated the FMLA Law in another way. (describe in Section 6, Claimant Statement)

Section 6: CLAIMANT STATEMENT

Provide a summary of what you believe was not in compliance with the MFML Law. Please provide as much detail as possible, even if you believe you have already provided the information above. (*Identify who, what, when, where, and why a violation.*) Attach additional pages as necessary. **Note: a claimant statement is required and failing to provide one may result in dismissal. You may also submit supporting documents, but you are not required to do so.**

How many additional pages did you attach for your claimant statement? _____

Section 7: CLAIMANT’S UNDERSTANDINGS and CERTIFICATION UNDER OATH

Please review the Claimant’s Understandings and Certification carefully. This document must be signed under oath. An oath is an affirmation of the truth of the information provided. A person who willfully makes untrue statements is subject to the penalties for perjury or false statement. This claim form must be signed before a notary, the MERO Director, or other person authorized to administer oaths in the jurisdiction where you are signing. To be timely, a claim must be received by the MERO within 180 days of the event you believe violated the MFML Law. Please see *Information for Claimants*, MERO Form 51-7100, for additional filing information.

Claimant’s Understandings and Certification

● I understand that I am responsible for reviewing and complying with the MERO’s MFML Law rules, regulations manuals and policies. ● I understand that a copy of this Claim will be provided to the Tribal employer I identified in my Claim as not complying with the MFML Law. ● I understand that the MERO and its personnel, including the MERO Director, do not personally represent any claimants or employers. ● I understand that if I wish to be represented by an attorney at any time, I may hire an attorney of my choice at my cost. ● I certify that all the information provided in this Claim is true and correct to the best of my knowledge and belief.

Claimant’s

Signature: _____ **Date:** _____

Subscribed and sworn to before me this _____ day of _____, 20____

Signature of the Notary Public _____

Date Commission Expires: _____

Printed Name of Notary Public _____

DO NOT WRITE BELOW THIS LINE. FOR MERO USE ONLY.

Date Filed:

Docket Number: