

**YOUTH SERVICES
FMLA ALERT FORM**

This form is being provided to you by the unit's HR Liaison to advise you of the issue noted below regarding your FMLA status.

EMPLOYEE: _____ Position #: _____

HR LIAISON NAME: _____

PHONE #: _____ FAX #: _____

Check and complete one of the following:

- 1. You have completely exhausted the FMLA quota of 480 hours of leave and are hereby required to return to work or apply for additional leave, effective: _____.
- 2. Although you have not reached the FMLA quota of 480 hours of leave, you have exhausted your leave balance and have been placed on "Leave Without Pay" (LWOP) status; you are now responsible for your portion of health and insurance premiums, effective: _____.
- 3. You have completely exhausted the FMLA quota and your leave balance, and have been placed on "Leave Without Pay" (LWOP) status; you are now responsible for the full premium of your health / insurance coverage, effective: _____.

Recoupment of your premiums will be set up through the OSHCM at the Department of Public Safety, who will be in contact with you to discuss your options, or you may contact their offices at 225-925-6067.

Employee Signature: _____ Date: _____

Print Employee Name: _____

UNIT HR LIAISON USE ONLY

Date FMLA Quota Entered: _____

Signature of Person Entering Quota: _____