(Date)

(Name)

(Street Address)

(City, State and Zip Code)

Re: FMLA/NJFLA Maternity Leave Approval

Dear (Name),

Your request for leave for your period of incapacity due to pregnancy and recovery and to care for and bond with your child after birth is approved under University Family Leave policy for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If all or a portion of your leave is covered by the Family and Medical Leave Act (FMLA) and/or New Jersey Family Leave Act (NJFLA), please read the attached Designation Notice for information regarding your approved FMLA/NJFLA leave and contact me if you have any questions.

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. Please also inform me as soon as possible regarding any other changes in your leave dates. 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 three months 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 your unpaid leave extends beyond three months, you would be required to pay the full health benefits premium. 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>.

For your period of incapacity, a statement from your health care provider indicating you are medically cleared to return to work must be submitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prior to your return to work. If your health care provider returns you to work with ongoing restrictions, a reasonable accommodation may be available to you.  To request a reasonable accommodation, you and your medical provider will need to complete an Accommodation Request Form and Accommodation Request: Medical Inquiry Form.  Both forms are available on the website of the Office of Employment Equity (OEE) at:  <http://uhr.rutgers.edu/policies-resources/forms/accommodation-request-forms>.  Please submit the completed forms to OEE at least two (2) weeks prior to your anticipated return date.  If you have any questions about the accommodation process, please contact Daniel McCabe, Disability Specialist in OEE at 848-932-3974.

If a portion of your leave during your period of incapacity is unpaid, you may be eligible for New Jersey Temporary Disability Insurance. This state program provides partial income replacement for up to 26 weeks of unpaid leave. Information on this program as well as the application form can be found at: <http://lwd.dol.state.nj.us/labor/tdi/tdiindex.html>. If you choose to apply, complete your portion of the application (and your 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 application. 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 your first day of disability.

If a portion of your leave to care for and bond with your child 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 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 are receiving Temporary Disability Insurance and intend to go directly from Temporary Disability Insurance to Family Leave Insurance, the NJ Department of Labor will send you instructions on how to apply. If you do not intend to go directly from Temporary Disability Insurance to Family Leave Insurance, complete your portion of the Family Leave Insurance application and send it to University Human Resources via fax (732-932-0047) or mail (University Human Resources Operations, 57 U.S. Highway 1, New Brunswick, N.J., 08901-8554) for completion of the employer portion of the application. 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,