

Distribution: Employee Personnel File and copy to Employee

Employer's Notice To Employee

1. All leave designated as family and medical leave will be counted towards your 12 week entitlement.
2. Family and medical leave may be either paid or unpaid leave and you may elect to use accrued sick leave, annual leave, compensatory time (exempt employees only), or donated leave in lieu of unpaid leave. Your failure to specify that a leave request is for family and medical leave does not prevent the department from designating leave as family and medical leave when appropriate.
3. If medical certification is required or requested, failure to submit complete medical certification may result in delay or denial of leave.

Additional medical certification will be required not more often than every 30 days or when you request an extension of intermittent leave or leave that was originally approved for more than 30 days. The department may also require recertification if the circumstances described in your current statement change significantly or we receive information that casts doubt on your stated reason for absence.

4. While on any unpaid absence designated as family and medical leave, you are responsible for making premium payments for any insurance for yourself or dependents not covered by the benefit allowance(s). Failure to remit such payments may result in a cancellation of that insurance coverage. If any insurance coverage is cancelled due to your failure to make premium payments, the department will cease making any payments towards that coverage.

Checks or money orders must be made payable to the Employee Benefits Department and are due no later than the 10th day of each month at the following address:

Department of Corrections/Benefits Manager
3400 Martin Luther King Avenue
P.O. Box 11400
Oklahoma City, Oklahoma 73136-0400

The department's Benefits Manager will be sending you information about any premium payments for which you are responsible. This information is also available on your Confirmation of Benefits Statement which lists all insurance in which you and your dependents are enrolled, the premiums, the amounts applied from your benefit allowance(s) and the balance.

5. If you fail to return to work following an unpaid absence during which time the department paid insurance premiums on behalf of yourself or your dependents, you will be liable for reimbursing the department for the premiums that were paid.
6. You may be required to provide the department with certification that you are fit for duty prior to returning to work for any absence that was taken for your own serious illness. This requirement will not apply to when leave is taken on an intermittent basis.

(R 10/20)