



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Date:

Name:

Address:

City, State Zip Code:

Dear _____,

This is to inform you that you are ineligible for FMLA for one of the following reasons:

- You do not have 12 months of service with the State of Florida.
- You have not worked for at least 1,250 hours with DJJ over the past 12 months.
- You have exhausted your FMLA entitlement during this 12-month period.
- The form is not filled in its entirety/the form is not filled out correctly.
- Not enough information was submitted to demonstrate a serious health condition.
- Not a covered relative under FMLA (girlfriend, in-laws, etc.).
- Your adult child is not incapable of self-care and therefore does not meet the criteria for FMLA.
- The condition does not meet the serious health condition under FMLA.

If you believe the decision was made in error, please contact the Bureau of Human Resources – Attendance and Leave Coordinator at (850) 717-2662 (**Hours**) or the General Counsel’s office (**Health**) in your region.

Please feel free to contact me with any questions.

Sincerely,

Attachments:

1. FMLA Poster
- cc: Official Personnel File

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850
<http://www.djj.state.fl.us>

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.