

Designation Notice Family and Medical Leave Act

**TO BE COMPLETED BY DEPARTMENT, DIVISION OR ELECTED OFFICE
AFTER RECEIPT OF CERTIFICATION FORM**

Employee Requesting Leave

Employee ID Number

Agency Contact:

Date:

We have reviewed your request for leave under the FMLA and any supporting documentation you have provided. We received your most recent information on _____ and decided:

Your FMLA leave request is approved. Leave of up to 12 weeks or, in the case of Military Caregiver, 26 weeks taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change, are extended or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement (Check One):

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days or weeks will be counted against your leave entitlement:

Because the leave you need will be unscheduled, it is not possible to provide the hours, days or weeks that will be counted against your FMLA entitlement at this time. You are obligated to properly record your use of FMLA leave on your time card. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not received, your return to work may be delayed until certification is provided. A job description or a list of the essential functions of your position is attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

You have the following responsibilities while on FMLA:

You are to contact HR Benefits at (385)468-0580 to make arrangements to continue health insurance while you are on leave. You have a minimum 30-day grace period in which to make health insurance premium payments.

You are obligated to ensure your use of FMLA leave is properly recorded on your time card. FMLA leave runs concurrently with paid leave. Employees are required to exhaust paid leave balances prior to being eligible for unpaid FMLA leave. Paid leave shall be exhausted in the following order: 1) parental leave; 2) personal preference day; 3) sick leave; 4) vacation; 5) administrative leave; and 6) compensatory time.

While on leave you will be required to furnish periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation.)

ADDITIONAL COMMENTS OR INSTRUCTIONS FOR THE EMPLOYEE:

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, (allow at least 15 calendar days) unless it is not practicable under the particular circumstances despite your diligent good faith efforts or your leave may be denied.

Specify information needed to make the certification complete and sufficient

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

COMMENTS:

Your FMLA Leave request is not approved (Check all that apply):

FMLA does not apply to your leave request (e.g. not a serious health condition, ineligible dependent, does not qualify for Military Family Leave, etc.).

You have exhausted your FMLA leave entitlement for the applicable 12-month period.

If you have any questions, please do not hesitate to contact _____ at _____