

DESIGNATION NOTICE
(FAMILY AND MEDICAL LEAVE ACT)

By copy of this completed form, the Manager or designee must notify the employee **WITHIN FIVE WORKING DAYS** of when the employee gives notice of the leave, that his/her Medical, Workers Comp or Disability or Personal (if applicable) Leave of Absence will count toward their entitlement under FMLA (refer to Human Resources Policy 3.18 re: FMLA)). Manager should provide a copy of this completed form to the employee.

SECTION I

TO: _____

FROM: _____

DATE: _____

On _____, you notified us or we became aware of your need to take a leave due to:

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- A serious health condition affecting your spouse, child, parent for which you are needed to provide care;
- A qualifying exigency arising out of the fact that your spouse, son or daughter, parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
- You are the spouse, son or daughter, parent, next of kin of a covered service member with a serious injury or illness.

You notified us\ we became aware that you need this leave beginning on _____ and that you expected the leave to continue until on or about _____.

Your request for leave under the FMLA and any supporting documentation you have provided has been reviewed.

We received your most recent information on _____

SECTION II

This is to inform you that you:

- Are eligible for FMLA Leave (*proceed to Section III, Part A*)
- Additional information is required to determine if your FMLA leave request can be approved (*proceed to Section III, Part B*)
- Are not eligible for FMLA Leave, because you:
 - Have not met the FMLA's 12 month length of service requirement
 - Have not met the FMLA's 1,250 hours worked requirement
 - Other (FMLA does not apply to your leave request; Have exhausted your FMLA entitlement in the applicable 12 month period, etc.)

Please contact your department manager and/or Labor Relations

SECTION III

Part A

If your leave qualifies as FMLA Leave, you are entitled to the following rights/responsibilities while on FMLA Leave:

1. You have a right for up to 12 workweeks of leave in a 12 month period.
2. You are entitled to up to 26 weeks in a single 12 month period to care for a covered service member with a serious injury or illness.
3. You are required to substitute accrued or earned paid leave during your FMLA Leave. If you exhaust all of your accrued/earned paid time, you remain entitled to take unpaid FMLA Leave. All requested earned/accrued leave time will be counted toward your yearly FMLA twelve (12) week leave entitlement.
4. You (will/will not) be required to furnish us with periodic reports of your status and your intent to return to work every _____ days while on FMLA Leave.
5. You are entitled to maintain the same benefits while on leave and following restoration as long as you make all required benefits payments for continued coverage during the leave period. Failure to pay your cost share will result in loss of benefits.
6. You may be required to submit additional certification/recertification depending upon the duration stated in the Certification Form. Delay in receipt of such may result in a denial of taking the FMLA Leave.
7. You (will/will not) be required to present a fitness for duty certificate prior to being restored to duty. If such certification is required but not received, your return to work may be delayed until such certification is provided. A list of the essential functions of your position (is/is not) attached. If attached, the fitness for duty certification must address your ability to perform these functions.
8. You have the right to your prior position or an equivalent position provided you return to full duty at the conclusion of your leave. If your leave extends beyond the end of your FMLA entitlement, you may not have return rights.

Part B

You meet the eligibility requirements for taking FMLA Leave. However, additional information is needed to determine if your FMLA Leave request can be approved.

- The certification you have provided is not complete to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____ or your leave may be denied:
(at least 7 calendar days)

- Sufficient certification to support your request for FMLA Leave. A certification form is enclosed.

- Documentation to establish the relationship between you and your family member.

- Other information needed:

Once we have obtained the information from you as specified above, you will be informed within 5 business days whether your leave will be designated as FMLA Leave.

If you have any questions regarding your rights under the FMLA or other issues, please contact Labor Relations.

