

**Designation Notice
Family and Medical Leave Act (FMLA)**

TO: _____

FROM: _____

DATE: _____

We have reviewed your request and supporting documentation for leave under the Family and Medical Leave Act (FMLA). Upon review of the documentation submitted on _____, the following determination is assigned regarding your eligibility for FMLA:

- Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.**

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

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

- It is not possible to provide the hours, days, or weeks that will be counted against your FMLA leave entitlement at this time due to your leave being unscheduled. You have the right to request this information once in a 30-day period (If leave is taken within the 30-day period).

Please be advised (check if applicable):

- You have requested to use accrued paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.
- You have requested to use accrued paid leave intermittently during your FMLA leave. It will be the employee's responsibility to report all FMLA leave using the following time reporting codes for sick leave **FMLAS** and annual leave **FMLAA** in iRattler. While on FMLA leave, the failure to report will result in your paid leave being counted against your FMLA leave entitlement.

You will be required to present a fitness-for-duty certificate before being restored to employment. The fitness-for-duty certificate must be provided at least three (3) business days prior to your scheduled return date. If such certification is not received, your return to work may be delayed until certification is provided (Please attached a copy of your position description). The fitness-for-duty certification must address your ability to perform these functions. If you require accommodations under the Americans with Disabilities Act (ADA) to perform the essential functions relating to your position, please contact the Office of Equal Opportunity Programs (EOP) at (850) 599-3076.

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

The certification provided by you is incomplete and insufficient to determine whether the FMLA applies to your leave request. The following documentation is needed no later than _____ to complete your FMLA leave request unless it is not practicable due to your current medical circumstances.

We are exercising our right to have you obtain an additional medical certification at our expense.

FMLA leave request is not approved.

FMLA leave request is not applicable.

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

If you have any questions, please contact the Office of Human Resources and request to speak with a representative in Time & Labor Administration at (850) 599-3611.