

# DESIGNATION NOTICE

(FAMILY AND MEDICAL LEAVE – AM-203-2-3)



## TO BE COMPLETED BY AGENCY

Date: [Date]

To: [Employee Name]

From: [Agency HR Contact]

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and supporting documentation. We received your most recent information on [date] and have determined:

- Your FMLA leave request is approved: **See Section I.**
- Additional information is needed to determine if your request can be approved: **See Section II.**
- Your FMLA leave request is not approved: **See Section III.**

### Section I: FMLA Leave Approved

All leave taken for this reason will be designated as FMLA leave. You have been approved to use FMLA leave in the following manner:

- Continuous basis beginning on: [date]; Return to Work Date: [date]
- Intermittent basis beginning on: [date]; Return to Work Date: [date]

Details:

- The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended.
- 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 have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).
- In accordance with the City's leave policies, you are required to substitute or use accrued paid leave during your FMLA leave.
- During leave, you may be asked to provide a medical recertification from your health care provider. You will be notified when recertification is required.
- You will be required to present a fitness-for-duty certification to be restored to employment. If we do not receive this certification in a timely manner, your return to work may be delayed. A list of the essential functions or your position is attached. The fitness-for-duty certification must address your ability to perform these functions.

- While on leave, you may choose to continue your health benefits. For as long as you remain in pay status, your portion of the premiums will be deducted from your paycheck as usual. While on unpaid leave, you must continue to make these payments through direct billing. Where payments are more than 30 days late, your group health insurance may be cancelled. The City will continue to pay the employer portion of the premiums for up to 6 bi-weekly pay periods or 12 weekly pay periods (or up to 13 bi-weekly/26 weekly pay periods in the case of Military Caregiver Leave).
- You may be required to reimburse the City for the employer's share of health insurance premiums paid on your behalf during your leave if you do not return to work following the leave, unless you cannot return due to a serious health condition or other circumstances beyond your control.
- If you have a Healthcare Flexible Spending Account (Healthcare FSA), it may be continued during an FMLA leave of absence. Contributions to your account will be taken via normal payroll deduction for as long as you remain in pay status. If you enter non-pay status, you will have to make after-tax contributions to your Healthcare FSA in order to remain enrolled.
- A Dependent Care FSA cannot be continued while you are in an unpaid status.

## **Section II: Additional Information Required**

- The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request.
- You have not provided documentation supporting an FMLA-covered relationship.
- We are exercising our right to have you obtain a second or third opinion medical certification at our expense.

## **Section III: FMLA Leave Not Approved**

- The FMLA does not apply to your leave request.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period.