

Designation Notice (Family Medical Leave Act)

Instructions: You must inform the employee of any FMLA leave that will be designated against their FMLA leave entitlement by providing them with this Designation Notice. In order to determine whether leave is covered under the FMLA, we may request that they be supported by a certification. If the certification is incomplete or insufficient, this designation form must state what additional information is necessary to make the certification complete and sufficient. A fully completed Designation Notice must be provided within **five business days** of the employer having enough information to determine whether the leave is for an FMLA-qualifying reason. Departments must send copies of FMLA information to Human Resources.

The employee's department is responsible in all circumstances for designating leave as FMLA-qualifying and giving notice to the employee. Once an eligible employee communicates a need to take leave for an FMLA-qualifying reason, an employer may not delay designating such leave as FMLA leave, and neither the employee nor the employer may decline FMLA protection for that leave.

Date of Notification: _____

To: _____

Oracle ID#: _____

From: _____
(Department Representative)

Department: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on _____ (mm/dd/yyyy) and decided:

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave beginning _____ for:

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- Your own serious health condition
- The serious health condition of your spouse, domestic partner, civil union partner, parent or child
- A qualifying exigency arising out of the fact that your spouse, child of any age, parent is on covered active duty or has been notified of an impending call or order to covered active duty status.
- A serious injury or illness of a covered service member where you are the servicemember's spouse, domestic partner, civil union partner, parent, child or next of kin (*Military Caregiver Leave*)

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or 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:

- 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: _____
(Duration of FMLA Leave – Days or Hours)
- Because the leave you will 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).

Please be advised:

- **Substitution of Paid Leave** – According to CSU Policy, while on FMLA leave you are required to use your accumulated paid sick and annual leave prior to being placed on leave without pay, as stated in the Academic Faculty/Administrative Professional Manual available at: <http://www.facultycouncil.colostate.edu/files/manual/table.html>. Paid leave runs concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Your FMLA entitlement will run concurrently with all paid and unpaid leave time including insurance payments (e.g. short or long term disability, worker's compensation, state mandated leave (if applicable), etc.)

Employee Name: _____

- **Medical Recertification** – You will or will not be required to furnish additional medical certificates when the condition or leave duration is more than 30 days (i.e. period employee is unable to work continuously or intermittently) as indicated below:
 - Upon expiration of period of incapacity specified on certification.
 - Every 6 months in connection with an absence (may not request recertification every 30 days in connection with an absence.)
- **Fitness for Duty Certificate** – You will or will not be required to present written certification from your medical provider of your fitness to resume your employment. If such certification is not timely received, your return to work may be delayed until the required 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 as a result of the particular serious health condition that caused your need for FMLA leave. If such certification is not received timely, your return to work may be delayed until the certification is provided.

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

- The certification you have provided is insufficient to determine whether the FMLA applies to your leave request. “Insufficient” means the information provided is vague, unclear, ambiguous or non-responsive. You must provide the following information no later than _____, (provide at least seven calendar days from the Date of Notification), unless it is not practical 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): _____

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- Your FMLA Leave request is Not Approved.
 - You have exhausted your FMLA leave entitlement in the applicable 12-month period.
 - FMLA does not apply to your leave request.