



FMLA LEAVE DESIGNATION NOTICE MILITARY FAMILY MEMBER HEALTH

DATE: _____

Employee 10-digit ID: _____

TO:

FROM: _____
College or Department Name

College or Department Number

Dear _____,

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any supporting documentation that you have provided. We received your most recent information on _____ and determined:

Your FMLA Leave request is approved. All leave taken for this reason will be designated as FMLA leave, not to exceed the number of weeks that remain available in the applicable 12-month period. If applicable, you have already used _____ weeks of FMLA Leave in the current 12 month period.

Your leave has been designated as:

Continuous: Begin Date _____

Return to Work Date: _____

Intermittent: Begin Date: _____

Through Date: _____

Details:

- 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 _____, and your leave will end on _____. The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended or were initially unknown.
- If the leave you need will be unscheduled or intermittent, 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).

Responsibilities

- If available, you are required to use paid sick leave during your FMLA leave. If you are an hourly employee, you are required to use any accrued compensatory time hours once you have exhausted your sick leave accrual. If you have requested to use vacation hours upon your sick hour and compensatory accruals becoming exhausted, this paid time will count against your FMLA leave entitlement.

Benefits

- While on leave, you may choose to continue your health benefits:
 - FMLA (paid): The employee portion of the premiums will be deducted from your check as usual.
 - FMLA (unpaid): You will be billed for the employee portion of the premiums.
 - Non-FMLA (paid): The employee portion of the premiums will be deducted from your check as usual.

Non-FMLA (unpaid): You will be billed for both the employee and ASU portions of premiums.

When you are billed, you have a minimum 30-day grace period in which to make payment. If payment is not made timely, your benefits will be cancelled 15 calendar days after the date of your Notice of Cancellation, retroactive to the last day for which coverage had been paid.

- You may be required to reimburse ASU 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, other than for the following reasons:
 - 1) The continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave;
 - 2) The continuation, recurrence, or onset of a family member's serious injury or illness which would entitle you to FMLA leave, or
 - 3) Other circumstances beyond your control.
- If you have the Health Care or Limited Health Care Flexible Spending Accounts (FSA), it may be continued while on a leave without pay by making payments directly to ASU on an after-tax basis. By doing this, you will have access to your account. Please contact HR to make arrangements.

A Dependent Care FSA {also known as Child/Adult Day Care FSA} cannot be continued while you are in an unpaid status.

Within **31 calendar days** of returning to work, you must complete the **Benefits Enrollment/Change Form** to re-enroll in the medical and/or dependent accounts; otherwise this benefit will cease for the remainder of the calendar year.

- If you go to an unpaid status during the non-FMLA portion of your leave, it is a qualified event that allows you to make changes to your benefit plans. You have **31 calendar days** from the event date to submit benefits changes by completing the **Benefits Enrollment/Change Form** located in the HR Forms section of the Human Resources Web site. Please contact Employee Services at 480.965.2701 or Faculty Services at 480.727.9900 if you have questions.

Additional information is needed to determine if your FMLA leave request can be approved:
The certification you have 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 _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. _____

Your request for FMLA leave is not approved. _____

If you have any questions, contact your department leaves representative _____
at (____) _____.

- Enclosure:
- FMLA Certification of Health Care Provider
 - Benefits Enrollment/Change Form
 - _____
 - _____