The City University of New York

NON-FMLA MEDICAL LEAVE - DESIGNATION NOTICE

College _____ Date _____

To: Name _____ Empl. ID _____

C: Supervisor's Name _____

We have received your application for NON-FMLA Medical Leave, along with the supporting documents dated Date _____

Based on the information you have provided to date, the following breakdown of leaves will be recorded:

Type of Leave _____ Start Date _____ End Date _____

Type of Leave _____ Start Date _____ End Date _____

Type of Leave _____ Start Date _____ End Date _____

Type of Leave _____ Start Date _____ End Date _____

Type of Leave _____ Start Date _____ End Date _____

Type of Leave _____ Start Date _____ End Date _____

Anticipated date of return _____ **Actual Date of Return** _____

Fitness for Duty Certification

☐ You will be required to present a Fitness for Duty Certification prior to being restored to employment. If such certification is not received in a timely manner, your return to work may be delayed until such certification is provided.

☐ The Fitness for Duty Certification must address your ability to perform the functions of your job. Refer to Essential Functions listed in the Job Description provided by the employer, or as based upon the employee's own description of his/her job.

☐ You will **NOT** be required to present a Fitness for Duty Certification prior to being restored to employment.

Additional information is required to determine if your Application for Non-FMLA Medical Leave can be approved

☐ The certification you provided is not complete and sufficient. You must provide the following information no later than the date specified, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. Date _____

Information needed to make the certification complete and sufficient:

TO BE COMPLETED BY HUMAN RESOURCES

Leave with Pay ends _____ Health Coverage ends _____ COBRA begins, if applicable _____

Date (s) of Special Leave of Absence Coverage (SLOAC) From _____ To _____

This form must be signed by the Director of Human Resources or Designee:

Name _____ Signature _____

Date _____