



FMLA DESIGNATION NOTICE
Employee Rights and Responsibilities

Employee Name: _____ Date: _____

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown.

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

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 (check one):

- 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 final dates of your leave are not known at this time, 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 at the conclusion of your leave.

Please be advised (check if applicable):

- You will be required to use your accumulated illness days for paid FMLA leave.
- Your paid and/or unpaid leave will run concurrently with any FMLA leave.
- You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not received in a timely fashion, your return to work may be delayed until certification is provided.

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.
- We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA Leave request is Not Approved.

- The FMLA does not apply to your leave request.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period. You did not work enough hours during the 2014-2015 school year to qualify for FMLA leave during the 2015-2016 school year.

Additional Notes/Comments: _____

NRIC Official Signature: _____

NRIC Official Printed Name: _____ Date: _____