

FMLA Second Notice: *Designation Notice*

Must be provided to employee within five business days of designation of FMLA leave.

Employee Name: _____ Department: _____

Leave covered under the Family 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. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

Your request for leave under the FMLA and supporting documentation has been reviewed and we have determined:

Your FMLA Leave request is approved. All leave taken for this reason will be designated as FMLA leave. Any Request for Leave forms submitted for this purpose must be identified 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 will be counted against your FMLA. _____ hours; _____ days; or _____ weeks.
- Because your leave 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. However, information will be provided on your completed Request for Leave form(s).

The FMLA requires that you notify us as soon as practical if dates of scheduled leave change or are extended, or were initially unknown.

Please be advised:

- You have paid leave available to use during your FMLA leave. This paid leave will count against your total FMLA leave entitlement.
- You will be required to present a fitness-for-duty certification to be restored to employment. If such certification is not timely received, your return to work may be delayed until 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.

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 ____/____/____, (seven calendar days unless it is not practicable under the particular circumstances despite your diligent good faith efforts) or your leave may be denied and you may be subject to disciplinary action for insubordination.

Information needed: _____

- 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 current calendar year.

Approved By: _____
(Employer Representative)

Phone: _____

Date Employee Notified: _____

Mailed Hand Delivered

cc: Employee's FMLA file