

INSTRUCTIONS:

Complete the required information by overwriting each prompt in the highlighted fields. Fields will expand to fit information as necessary.

These instructions, along with box borders and highlights, will not appear when printed.

PRINT ON DEPARTMENTAL LETTERHEAD.

Re: Designation Notice - FMLA/NJFLA

Dear

Attached is the Designation Notice with regard to your application for leave under FMLA/NJFLA. Please review the notice and contact me if you have any questions.

Should your health care provider return you to work with restrictions, please contact your campus Human Resources Representative referenced below, and submit the completed Accommodation Request Form and the Accommodation Request: Medical Inquiry Form in order to request reasonable accommodations.

It is recommended that you contact your Human Resources Representative at least (2) two weeks prior to your anticipated return to work date, should you have any work restrictions.

The guidelines for Disability Accommodations, the Accommodation Request Form, and the Accommodation Request: Medical Inquiry Form can be found at:
<http://uhr.rutgers.edu/ee/DisabilityAccomm.htm>.

Sincerely,

Human Resources Representatives:

- New Brunswick Campus: Laxmi Vazirani, Disabilities Specialist - (848) 932-3974
- Newark Campus: Judith Crespo, Senior Benefits Specialist - (973) 353-5234
- Camden Campus: Greg O'Shea, Human Resources Manager - (856) 225-6475

Designation Notice (Family and Medical Leave Act & New Jersey Family Leave Act)

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. 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. This form, when fully completed, provides an easy method of providing employees with the written information required by federal and state law. Please refer to University policy 60.3.8 - Family Leave.

Date: _____ From: _____

To: _____

We have reviewed your request for leave under the FMLA and the NJFLA and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

Your _____ All leave taken for this reason will be designated as FMLA and/or NJFLA leave as outlined below:

Your applicable sick time exhausts on _____

Your FMLA begins on _____ and ends on _____

Your NJFLA begins on _____ and ends on _____

Continuous leave Intermittent leave Reduced leave _____
(Enter schedule above)

The FMLA/NJFLA require 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 dates, 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 that will be counted against your leave entitlement:

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 and/or NJFLA 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 (check if applicable):

You have requested to use _____ Vacation _____ AL _____ PH days during your unpaid
(Enter number of days)

_____ Any paid leave taken for this reason will count against your FMLA and/or NJFLA leave entitlement as checked.

You will be required to present a fitness-for-duty certificate 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 essential functions of your position is is not attached. If attached, the fitness-for-duty certification must address your ability to perform these essential functions.

Additional information is needed to determine if your FMLA and/or NJFLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA/NJFLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular
(Provide at least seven calendar days)
circumstances despite your diligent good faith efforts, or your leave may be denied.

(Specify information needed to make the certification complete and sufficient)

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 _____ leave request is Not Approved.

The _____ does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

You have exhausted your NJFLA leave entitlement in the applicable 24-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 -30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**
