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|  **FAMILY AND MEDICAL LEAVE ACT (FMLA)** **DESIGNATION NOTICE** |
| It is the responsibility of the agency to designate leave as federal (FMLA), Wisconsin (WFMLA), or both, and to inform the employee of the amount of leave that will be counted against the employee’s FMLA / WFMLA leave entitlements.  |
| It is responsibility of the employee to keep your supervisor / or scheduling office informed as to when your time off is attributable to FMLA leave and whether you are requesting to substitute any paid leave for unpaid leave. **All other provisions of the agency’s Attendance Policy are still in effect**, and you must continue to provide proper notice to your supervisor if you are unable to report to work. |
| DATE ISSUED (mm/dd/yyyy) | EMPLOYEE ID #       | FMLA REQUEST #       |
| TO (name of employee – Last, First, M.I.)      |
| COMPLETED BY (printed name and title)      |
| We received your most recent information on Click here to enter a date. and determined:  |
| [ ]  | Your FMLA / WFMLA leave request is approved. All leave taken for this reason will be designated as FMLA / WFMLA leave. The FMLA / WFMLA requires that you notify the agency as soon as practicable if dates of scheduled leave change or are extended, or if initially unknown dates are now known. Based on the information you have submitted, we are providing the following information about the amount of time that will be counted against your leave entitlement:  |
| [ ]  | If there is no deviation from your anticipated leave schedule, the following hours, days or weeks will be counted against your leave entitlement (FMLA / WFMLA may run concurrently):        federal FMLA;       WFMLA |
| [ ]  | If your anticipated leave is unscheduled, the definite hours, days or weeks counted against your FMLA / WFMLA entitlement cannot be provided at this time.  |
| [ ]  | The following conditions / expectations pertain to your leave:       |
| [ ]  | Intermittent FMLA / WFMLA is certified for (e.g.; frequency, duration, etc.) :        |
| [ ]  | The certification you have provided is not complete and sufficient to determine whether the FMLA / WFMLA applies to your leave request. Unless it is not feasible under your circumstances, you must provide the following information by Click here to enter a date. , or your leave may be denied. The information still needed to make the certification complete and sufficient is:       |
| [ ]  | The agency has acquired knowledge that your leave is related to a serious health condition covered under FMLA / WFMLA. The agency is required to designate your leave as FMLA / WFMLA qualifying under [ ]  FMLA / [ ]  WFMLA  |
| [ ]  | You will be required to present a fitness-for-duty certification form to return to employment. If such certification is not received **prior** to your intended return to work date, your return to work may be delayed until certification is provided. Your position description [ ]  is attached or [ ]  was previously provided. The fitness-for-duty certification must address your ability to perform your essential job functions, list any restrictions, and the duration of those restrictions.  |
| [ ]  | The agency is exercising its right to have you obtain a second or third opinion from a qualified healthcare provider at the agency’s expense, and will provide further details (as needed) at a later date.  |
| [ ]  | Your [ ]  FMLA / [ ]  WFMLA request has been **denied**, for the following dates:      , for the following reason(s):       |
| [ ]  | You have exhausted your [ ]  FMLA / [ ]  WFMLA leave entitlement. |
| [ ]  | Other comments related to your FMLA / WFMLA leave request:       |