

COLORADO DEPARTMENT OF TRANSPORTATION  
FMLA Designation Notice



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 requests 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.

Employee Name	Personnel Number	Date

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_.

It shows your need for leave beginning on \_\_\_\_\_ and continuing until \_\_\_\_\_.

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave. Based on your available FML leave entitlement, you are designated to use job-protected leave beginning \_\_\_\_\_.

The attached FML Forecast Report illustrates your current balance of job protection as well as future dates when FML job protection may be restored. You can also log into SAP Employee Self Service to view your personal FML Leave Balance Report at any time.

The FMLA requires 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 date, 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 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 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 are required to use all accrued paid leave subject to the conditions for use of such leave before being placed on unpaid leave during your FMLA leave. All paid and unpaid leave taken for this reason will count against your FMLA leave entitlement. While you are using FML intermittent leave, you remain responsible to complete your own timesheet using the appropriate FML absence codes as listed in SAP and to notify your FML Liaison of your FML entries. If you are on an extended period of continuous FML leave, your FML Liaison will enter your FML absences.

You will be required to present a fitness-to-return 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 the essential functions of your position  is  is not attached. If attached, the fitness-to-return certification must address your ability to perform these functions (not applicable for family member).

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 from receipt of this Notice), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

Your medical certification form was not received by the date required in the eligibility letter. You must provide the completed medical certification form no later than \_\_\_\_\_ (seven calendar days from receipt of this notice), or your leave will not be considered family/medical leave.

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** because \_\_\_\_\_

The FMLA **does not apply** to your leave request because \_\_\_\_\_

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

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised Aug 2016, Expires 5/31/2018