

COLORADO DEPARTMENT OF TRANSPORTATION  
FMLA Designation Notice



Employee Name	Personnel Number	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. 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.

We received your most recent information on \_\_\_\_\_.

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

\_\_\_\_\_ Based on your available FML leave entitlement, you are designated to use job-protected leave beginning on \_\_\_\_\_. **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 amount of leave is undetermined at this time, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement. 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 applicable paid leave during your FMLA leave, which 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.

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

\_\_\_\_\_ 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 Nov 2015