



State of Connecticut Human Resources
Agency Response: Designation Notice

To Employee Request for Leave of Absence under the Federal Family and Medical Leave Act (FMLA) and/or State C.G.S. 5-248a (Family and medical leave from employment)
(To be completed by the Human Resources Unit)

Form # **FMLA-HR2b**

Revision Date: 6/2009

Leave covered under the federal Family and Medical Leave Act (FMLA) and/or the state (C.G.S. 5-248a) law must be designated as protected under federal and/or state law and the employer must inform the employee of the amount of leave that will be counted against the employee's federal FMLA and/or state family/medical leave entitlement. In order to determine whether leave is covered under the federal FMLA and/or state (C.G.S. 5-248a) law, the employer may request that the leave be supported by 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. Use of this form (p. 1 – 5) is an easy method of providing employees with the written information required by 29 C.F.R.825.300(c), 825.301, and 825.305(c).

TO: _____
 (Employee Name)

 (Agency)

FROM: _____
 (Agency Human Resources Representative)

 (Telephone Number)

DATE: _____

We have reviewed your request for leave under the federal FMLA and/or state family/medical leave and any supporting documentation that you have provided. We received your most recent information on *(date)* _____ and decided:

DISPOSITION OF REQUEST *(check all that apply)*

(1) Approved *(One or both may apply)*

_____ Your request for leave under the **federal FMLA** has been approved. Your annual federal leave entitlement will begin/began on *(date)* _____. All leave taken for this reason will be designated as FMLA leave and, if applicable, may run concurrently with a worker's compensation injury. 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.

Type of leave: *(Check and explain the hours, days or weeks)*

_____ **Intermittent:** *From* _____ *To* _____

_____ **Reduced Schedule:** *From* _____ *To* _____

_____ **Block of time:** *From* _____ *To* _____

DISPOSITION OF REQUEST (continued)

(1) Approved (continued)

_____ Your spouse _____ works/ _____ does not work for the State. If yes, list agency _____.
He/she _____ will/ _____ will not be taking leave for the same purpose.

_____ Because the FMLA leave you will need within this time period is indeterminate, 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 no more than once in a 30-day period (if leave was taken in the 30-day period).

_____ We are requiring you to use your **paid sick leave accruals** if for **your own serious illness**:
_____ days / _____ hours.

_____ You have requested to use paid leave accruals during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement. (See pages 3 and 4)

_____ Your request for leave under **state family/medical leave [C.G.S. 5-248a]** has been approved. 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 state leave entitlement. (See pages 3 and 4)

Dates: *From* _____ *To* _____

_____ **You will be required to return page 4 of the Medical Certificate (Form P33a)** certifying your fitness-for-duty prior to being 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.

Note: *Failure to return to work at the end of your leave period may be treated as a resignation unless an extension has been requested, agreed upon and approved in writing by the agency.*

(2) Additional information is needed to determine if your federal FMLA leave and/or state family/medical leave can be approved.

_____ The certification you have provided is **not complete and sufficient** to determine whether federal FMLA and/or state family/medical leave 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 7 calendar days)
circumstances despite your diligent good faith efforts, or your leave may be denied. (Specify info needed to make the certificate 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 date.

(3) Denied

_____ **Your request for leave under federal FMLA is not approved because:**

_____ The federal FMLA does not apply to your leave.

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

_____ **Your request for leave under state family/medical leave (C.G.S. 5-248a) is not approved because:**

_____ The state family/medical leave does not apply to your leave request.

_____ You have exhausted your state family/medical leave entitlement in the applicable two-year period.

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:

Use of Accrued Leave: *(Note: Once you have exhausted accrued time (as specified by you), the remainder of your leave will be unpaid. Sick leave must be used for leaves due to an employee's own serious health condition.)*

_____ **Birth of Child - Mother: Your absence is due to your pregnancy.** The "disability" portion of your pregnancy will be charged to any accrued sick leave. Once you have exhausted your sick leave, you may use, personal leave, vacation accruals, comp time or unpaid leave. Once you have completed the "disability" portion of your pregnancy (i.e., you have been certified as able to perform the requirements of your job by your attending physician), you may not use accrued sick leave. You have elected to use:

Parental Days: _____

All of your vacation, personal and/or comp time leave balance except for _____; OR

Vacation Accruals: _____ days; _____ hours

Personal Leave: _____ days; _____ hours

Comp Time Leave Accruals: _____ days; _____ hours

Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.

_____ **Birth of Child – Father/Spouse: _____ Married; _____ Unmarried. Your absence is due to the birth of your child** and you have elected to use:

Parental Days: _____

Sick Family Days: _____

All of your vacation, personal and/or comp time leave balances, except for _____; OR

Vacation Accruals: _____ days; _____ hours

Personal Leave: _____ days; _____ hours

Comp Time Leave Accruals: _____ days; _____ hours

Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.

Use of Accrued Leave (continued)

_____ **Your absence is to provide care for a child that has been placed with you through adoption (State and federal) or through foster care (Federal FMLA only) and you have elected to use:**

- Parental Days (adoption only): _____
- All of your vacation, personal and/or comp time leave balances, except for _____; OR
- Vacation Accruals: _____ days; _____ hours
- Personal Leave: _____ days; _____ hours
- Comp Time Leave Accruals: _____ days; _____ hours

Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.

_____ **Your absence is for your own “serious health condition”/”serious illness” and will be charged to your sick leave until such leave has been exhausted. Once your sick leave is exhausted, you have elected to use:**

- All of your vacation, personal and/or comp time leave balances, except for _____; OR
- Vacation Accruals: _____ days; _____ hours
- Personal Leave: _____ days; _____ hours
- Comp Time Leave Accruals: _____ days; _____ hours

Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.

_____ **Your absence is to provide care for a spouse, child or parent with a “serious health condition” and you have elected to use:**

- Sick Family Days: _____
- All of your vacation, personal and/or comp time leave balances, except for _____; OR
- Vacation Accruals: _____ days; _____ hours
- Personal Leave: _____ days; _____ hours
- Comp Time Leave Accruals: _____ days; _____ hours

Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.

_____ **Your absence is to serve as an organ or bone marrow donor. (State only) and you have elected to use:**

- All of your vacation, personal and/or comp time leave balances, except for _____; OR
- Vacation Accruals: _____ days; _____ hours
- Personal Leave: _____ days; _____ hours
- Comp Time Leave Accruals: _____ days; _____ hours

Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.

Use of Accrued Leave (continued)

_____ **Your absence is for military family leave because of a “qualifying exigency”** arising out of the fact that your spouse, son, or daughter or parent is on active duty or call to duty status in support of a contingency operation as a member of the National Guard or Reserves (*Federal only*) Your absence will be unpaid UNLESS your CBA or other policies permits use of accruals. If allowable, you have elected to use:

All of your vacation accruals, personal leave and/or comp time balances, except for _____; OR

Vacation Accruals: _____ days; _____ hours

Personal Leave: _____ days; _____ hours

Comp Time Leave Accruals: _____ days; _____ hours

_____ **Your absence will be unpaid and you have not elected to use personal leave, vacation accruals or comp time.**

_____ **Your absence is for military family leave of a covered service member with a “serious injury or illness”** because you are the spouse, son or daughter, parent or next of kin, and you have elected to use:

Sick Family Days: _____

All of your vacation accruals, personal leave and/or comp time balances, **except for** _____; OR

Vacation Accruals: _____ days; _____ hours

Personal Leave: _____ days; _____ hours

Comp Time Leave Accruals: _____ days; _____ hours

_____ **Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.**