**INSERT SCHOOL DISTRICT NAME**

**FAMILY MEDICAL LEAVE**

**DESIGNATION NOTICE**

**NOTICE OF ELIGIBILITY**

To: INSERT NAME, Employee

From: INSERT NAME, INSERT TITLE

Date: INSERT DATE

We have received your request for leave under FMLA and/or VPFLA and any supporting documentation that you have provided. We received your most recent information on INSERT DATE and decided:

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

Your VPFLA leave request is approved. All leave taken for this reason will be designated as VPFLA leave.

**FMLA and VPFLA 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 that there is no deviation from your anticipated leave schedule, the following number of hours, days or weeks will be counted against your leave entitlement:

INSERT LEAVE INFORMATION

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 VPFLA 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 paid leave during your FMLA and/or VPFLA leave. Any paid leave taken for this reason will count against your FMLA and/or VPFLA entitlement.

You will be required to present a fitness-for-duty certification (Return to Work Certification form) 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 Return to Work certification must address your ability to perform these functions.

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

The certification you provided is not complete and sufficient to determine whether the FMLA and/or VPFLA applies to your leave request. You must provide the following information no later than INSERT DATE, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

INSERT SPECIFIC 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 FMLA Leave request is not approved.

Your VPFLA Leave request is not approved.

FMLA does not apply to your leave request.

VPFLA does not apply to your leave request.

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

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

INSERT ANY OTHER RELEVANT INFORMATION BASED ON THE COLLECTIVE BARGAINING AGREEMENT AND/OR BOARD POLICY, IF ANY, SUCH AS UNPAID LEAVE OF ABSENCE UNDER THE ADA OR UNPAID LEAVE BEYOND FMLA FOR THE BIRTH OF A CHILD, ETC.

If you have any questions, please let me know.