**INSERT SCHOOL DISTRICT NAME OR USE LETTER HEAD**

**FAMILY MEDICAL LEAVE**

**DESIGNATION NOTICE**

**NOTICE OF ELIGIBILITY**

To: INSERT NAME, Employee

From: INSERT NAME, INSERT TITLE

Date: INSERT DATE

On INSERT DATE we received you’re your most recent information to support your need for leave due to:

[ ] the birth of your child, or your own medical condition due to your pregnancy

[ ] the placement of a child with you for adoption

[ ] the placement of a child with you for foster care

[ ] your own serious health condition/serious illness that makes you unable to perform my job;

[ ] the serious health condition/serious illness of your:

[ ] Child Under Age 18

[ ] Child 18 years or older and incapable of self-care because of mental or physical disability

[ ] Stepchild

[ ] Foster Child

[ ] Ward Who Resides With You

[ ] Spouse

[ ] Parent

[ ] Parent-in-Law

[ ] a circumstance for which you are requesting **short-term parental/family leave.**

[ ] A qualifying exigency arising out of the fact that your spouse, child, or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status).

[ ] To care for a covered service member with a serious injury or illness as you are the spouse, child, parent or next of kin of the covered service member.

[ ] other (please explain).

*Under FMLA Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms “child” and “parent” include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.*

Based on your most recent information we have 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.

[ ] Your FMLA Leave request is not approved.

[ ] The FMLA does not apply to your leave request.

[ ] As of the date the leave is to start, you do not have any FMLA leave available to use.

[ ] Additional information is needed to determine if your leave request qualifies as FMLA Leave. See Additional Information section below for more information.

[ ] Other: INSERT DETAILS

[ ] Your VPFLA Leave request is not approved.

[ ] The VPFLA does not apply to your leave request.

[ ] As of the date the leave is to start, you do not have any FMLA leave available to use.

[ ] Additional information is needed to determine if your leave request qualifies as FMLA Leave. See Additional Information section below for more information.

[ ] Other: INSERT DETAILS

**Additional Information Needed:**

We need additional information to determine whether your leave request qualifies under the FMLA and/or VPFLA. Once we obtain the additional information requested, we will inform you within 5 business days if your leave will or will not be designated as FMLA leave and count towards the amount of FMLA leave you have available. Failure to provide the additional information as requested may result in a denial of your FMLA leave request. If you have any questions, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of employer FMLA representative) (Contact information)

[ ] Incomplete or Insufficient Certification The certification you have provided is incomplete and/or insufficient to determine whether the FMLA applies to your leave request. (Select as applicable)

[ ] The certification provided is incomplete and we are unable to determine whether the FMLA or VPFLA applies to your leave request. “Incomplete” means one or more of the applicable entries on the certification have not been completed.

[ ] The certification provided is insufficient to determine whether the FMLA applies to your leave request. “Insufficient” means the information provided is vague, unclear, ambiguous or non-responsive.

Specify the information needed to make the certification complete and/or sufficient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must provide the requested information no later than (provide at least 7 calendar days) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

[ ] Second and Third Opinions

We request that you obtain a

[ ] Second Opinion

[ ] Third Opinion

medical certification at our expense, and we will provide further details at a later time.

Note: The employee or the employee’s family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issue.

**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.

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.