

**Designation Notice
(Family and Medical Leave Act)**

To: _____

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 _____, 200__ and decided:

___ Your FMLA leave request is approved. All leave taken for this reason will be designated as both state and federal FMLA leave.

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 both your federal and state leave entitlements:

___ 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 state and federal FMLA entitlements 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 leave to the extent you have paid days available. Any paid leave taken for this reason will count against your FMLA leave entitlement. You are eligible for 2 weeks of leave under the Wisconsin FMLA and 12 weeks of leave under the federal FMLA (running concurrently) for the purpose identified in your request provided you meet the conditions set forth in this letter. You have requested the use of:

- ___ sick days
- ___ emergency days
- ___ personal days

2. You may elect to substitute accrued paid sick leave (or other accrued paid leave) during the first ten days of your currently requested leave. Unless you advise us differently, we will substitute paid sick days for unpaid leave. You currently have ___ paid sick days available. In the event your current leave extends beyond ten days, we will substitute paid emergency / personal days for unpaid leave until that leave is exhausted. You have ___ paid emergency/personal days available to substitute for unpaid federal family and medical leave.

___ We will require you to substitute or use paid leave during your FMLA leave only at such time as your 10-day Wisconsin FMLA leave entitlement is exhausted.

___ You will be required to present a fitness-for-duty 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- for-

duty certification must address your ability to perform these functions.

___ 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, _____ unless it is not practicable under the particular circumstances

(Provide at least seven calendar days)

despite your diligent good faith efforts, or your leave may be denied.

(Specify 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.

___ The FMLA does not apply to your leave request.

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