

Designation Notice under the Family and Medical Leave Act

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. For Vermont residents, if there are differences under Vermont Family and Parental Leave (VPFL), they will be noted below.

To: _____

From: _____

Date: _____

Method of Delivery: _____

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 _____ and decided:

- This FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.
- This leave also qualifies for VPFL and will run concurrently with FMLA.
- 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.

If your leave request is approved:

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 change from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____
- Because the leave you will need will be unscheduled and intermittent, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. When you need to take time off due to this leave, you must follow your department's leave procedures and notify your supervisor at the time you request the leave—or as soon as possible—that the time is designated as FMLA. You have the right to request your remaining FMLA leave balance 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. Any paid leave taken for this reason will count against your FMLA leave entitlement.
- You will be required to present documentation from your healthcare provider, which medically clears you to return to work and lists any restrictions that may apply. 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.)

If additional information is needed to determine whether your FMLA leave request can be approved:

- The certification you have provided is not complete or sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____ (at least seven calendar days from date this form is issued) unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

Please provide the following information:

- 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.

If you believe that you need an accommodation to perform the essential functions of your job due to a disability, you may contact the Americans with Disabilities Act (ADA) Coordinator, Amber Fulcher, at 656-0945 to discuss accommodations. If you or your family members need support during this time, you may call the University’s Employee Assistance Program, managed by Invest EAP, at 866-660-9533, or 802-864-3276.

If you have questions about the details of your leave, please see the “Leaves and Time Off” chapter of the Non-Represented Staff Handbook online or the appropriate collective bargaining agreement, or call HRS at 656-3150, or e-mail HRSinfo@uvm.edu. Check which benefits you receive by viewing your “Benefits Summary” in PeopleSoft HR Self Service.

A copy of this notice will be kept in your departmental file.