



Designation Notice

(Family and Medical Leave Act)

Date: _____

To: _____
Name Job Title Employee ID

FROM: FML Coordinator, DNR Office of Human Resources

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

Your Family and Medical Leave (FML) request is approved. All leave taken for this reason will be designated as FML.

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 your leave entitlement: _____
- 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 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 FML. Any paid leave taken for this reason will count against your FMLA leave entitlement.
- We are requiring you to substitute or use paid leave during your FML.
- You will be required to present a completed Release to Return to Work (Attachment 10 of this procedure) to be restored to employment. If such certification is not received timely, your return to work may be delayed until certification is provided. **If you anticipate that you will be released to return to work with work restrictions** (work limitations) you will need to contact your supervisor to obtain a Georgia Activity Analysis (GAA) before going to the doctor. See SOP HR508, Return to Work. Completion of SOP HR508, Attachment 1 (by the doctor) and Attachment 2 (by the employee) are required prior to returning to work with restrictions.

Additional information is needed to determine if your FML request can be approved:

- The certification you have provided is not complete and sufficient to determine whether FMLA applies to your leave request. You must provide the following information no later than _____, (Provide at least seven calendar days) unless it is not practicable under the particular circumstances 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 FML request is **Not** Approved. FMLA does not apply to your leave request.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period.