



## Designation Notice

(Federal Family & Medical Leave and Wisconsin Family & Medical)

It is the responsibility of the Universities of Wisconsin institution to designate leave as FMLA leave, whether under the federal FMLA, state FMLA, or both, and to inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlements.

In order to determine whether leave is covered under the FMLA, the Universities of Wisconsin may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the Universities of Wisconsin must state in writing what additional information is necessary to make the certification complete and sufficient.

### Section A: Employee Information

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee Name)

We reviewed your request for leave under the FMLA and any supporting documentation that you provided most recently on \_\_\_\_\_ and decided (see below):

### Section B: Determination – Approved (in whole or in part)

☐ Your FMLA leave request is approved and is effective on \_\_\_\_\_. It is scheduled to end on \_\_\_\_\_. All leave taken for this reason will be designated as ☐ federal and/or ☐ Wisconsin 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 your leave entitlement: Leave entitlements under FMLA, WFMLA, University Personnel Guidelines and employer guidelines run concurrently.

Federal FMLA: \_\_\_\_\_ WI FMLA: \_\_\_\_\_

- ☐ 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 from your employer once in a 30-day period (if leave was taken in the 30-day period).

☐ Comments:

#### 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 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.

## Designation Notice

(Federal Family & Medical Leave and Wisconsin Family & Medical)

### Section B: Determination - Additional Information Required

☐ Additional information is needed to determine if your FMLA leave request can be approved:

- ☐ The certification you provided is not sufficient to determine whether FMLA applies to your leave request. You must provide the following information by \_\_\_\_\_ (seven calendar days from now), unless it is not practicable under the circumstances despite your diligent good faith efforts, or your leave may be denied.

The information still needed is:

- ☐ 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.

### Section B: Determination – Not Approved (in whole or in part)

- ☐ Your FMLA leave request is not approved.
- ☐ Your Wisconsin FMLA leave request is not approved.
- ☐ Neither the federal nor the Wisconsin FMLA applies to your leave request.
- ☐ You have exhausted your
- ☐ Federal and/or ☐ Wisconsin FMLA leave entitlement(s) in the applicable 12-month period.

### Section C: Signature of Employer Agent

**Note to Universities of Wisconsin Institutions:** It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA and for agencies to retain a copy of this disclosure in their records for three years.

Employer Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name: \_\_\_\_\_