

DESIGNATION NOTICE
(FAMILY AND MEDICAL LEAVE ACT)

It is the responsibility of the UW 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 UW institution may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the UW institution must state in writing what additional information is necessary to make the certification complete and sufficient.

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):
(Date)

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:

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 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 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.

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.

Signature of

Employer Agent: *Kara S. Webber*

Date:

Note to UW 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.