



FMLA Designation Notice

Medina County Human Resources
144 North Broadway, Room 206
Medina, Ohio 44256



To: _____ Date: _____ From: _____

Your request for FMLA leave has been reviewed as well as the supporting documentation you provided.

___ Your FMLA leave has been approved.

___ All leave taken for this reason will be designated as FMLA leave. You must notify your supervisor as soon as practicable if the dates of your scheduled leave change or are extended.

___ Provided there is no change from your anticipated leave schedule, the following number of weeks, days and/or hours will be counted against your leave entitlement: _____

Weeks Days Hours

___ Because your leave will be unscheduled (intermittent or reduced schedule) it is not possible at this time to provide the number weeks, days, or hours that will be counted against your FMLA entitlement. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

___ You will be required take all paid time accruals you are entitled (sick, vacation, comp time, personal day) as of the first day your leave begins. All paid time off shall run concurrently with your eligible FMLA entitlement. In no event may you take any portion of your FMLA leave as unpaid until all available accrued paid time has been 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.

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

___ The certification you 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 _____ (provide at least 7 days) unless it is not practicable under the particular circumstances despite your good faith efforts, or your leave may be denied:

___ We are exercising our right to have you obtain a second or third opinion medical certification at our expense and 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.**

PLEASE NOTE: Original to employee; send completed copy to Human Resources & retain copy for department records.