

College

Date **To:** Name Empl. ID

We have received your request for FMLA leave, along with the supporting documents dated

Date

Your leave request is approved. The following period is designated as FMLA Leave

From To

Your leave will involve Continuous absence from work Intermittent absence from work * Reduced work schedule*

** Per schedule detailed in the FMLA Request Form*

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, and the current record of your time and leave balance, the following breakdown of leaves will be recorded.

Type of Leave From To

Type of Leave From To

Type of Leave From To

Type of Leave From To

Anticipated date of return

If your leave is unscheduled, it will not be possible to provide the days that will be counted against your leave 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).

Fitness for Duty Certification

- You will be required to present the "Fitness for Duty" Certification prior to being restored to employment. If such certification is not received in a timely manner, your return to work may be delayed until such certification is provided.
- A list of essential functions of your position/your job description has been provided to you. The "Fitness for Duty" Certification must address your ability to perform the essential functions of your position.
- You will **NOT** be required to present a "Fitness for Duty" Certification prior to being restored to employment.

Periodic Reports

- You will be required to furnish periodic reports of your status and intent to return to work every 30 days while on leave.
- You will **NOT** be required to furnish periodic reports of your status and intent to return to work every 30 days while on leave.

Additional information is required 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 and you must provide the following information no later than the date specified, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

Additional information needed to make the certification complete and sufficient

Submit additional information by

- We are exercising our right to have you obtain a second or third opinion medical certification at our expense & we will provide further details at a later time.

FAMILY AND MEDICAL LEAVE ACT (FMLA) - DESIGNATION NOTICE

- Your FMLA Leave 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

This form must be signed by the Director of Human Resources or Designee

Name

Signature

Date

If you normally pay a portion of your health insurance, these payments must be made during your leave. If you remain on payroll, your premium deductions will automatically continue. If any part of your leave is or becomes unpaid, and you normally contribute to your health plan, information will be sent to you under separate cover outlining the procedures necessary for remitting payments to your health insurance carrier.

CUNY will continue to provide payment and will deduct your portion, if any, for pension contributions during the paid portion of your leave. While on unpaid leave, pension contributions will not be made by the University. However, if you are a Tier 1 member of the NYC TRS, any unpaid FMLA leave may be creditable towards retirement benefits provided other eligibility factors are met. Please contact the College Benefits Office for details.