



State of Connecticut Human Resources

Designation Notice

Agency Response to Employee Request for Medical Leave, Family Leave or Military Family Leave

(To be completed by the Human Resources Office)

Form # FMLA-HR2b

Revision Date: 12/2017

TO: _____
(Employee Name)

(Agency)

FROM: _____
(Agency Human Resources Representative)

(Telephone Number)

DATE: _____

REASON FOR LEAVE:

Personal Medical Leave (for your own serious health condition): <input type="checkbox"/> My own illness or injury <input type="checkbox"/> Disability period related to my pregnancy and childbirth <input type="checkbox"/> Organ donation <input type="checkbox"/> Bone marrow donation	Caregiver Leave (care for family member in connection with her disability period related to pregnancy and childbirth, or his or her organ or bone marrow donation, or other serious health condition): <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law (State FMLA only) <input type="checkbox"/> Child (under age 18 or age 18+ and incapable of self-care due to a disability)
Bonding Leave: <input type="checkbox"/> Birth of child <input type="checkbox"/> Adoption of child <input type="checkbox"/> Placement of foster child <i>(Federal or state FMLA only)</i>	Military Family Leave: <input type="checkbox"/> Qualifying Exigency arising out of the covered active duty of your spouse, parent, or son or daughter <input type="checkbox"/> Military Caregiver leave for your spouse, parent, son, daughter or next of kin who is a covered servicemember <input type="checkbox"/> Military Caregiver leave for your spouse, parent, son, daughter or next of kin who is a covered veteran (Federal FMLA only)

We have reviewed your request for leave and any supporting documentation that you have provided. We received your most recent information on (date) _____ and determined:

___ **You are approved to take leave pursuant to one or more of the following leave entitlements:**

- ___ Federal FMLA
- ___ State FMLA
- ___ Pregnancy Disability Leave under C.G.S. 46a-60(a)(7)
- ___ SEBAC Supplemental Leave
- ___ Bone Marrow or Organ Donation Leave

See pages 2 – 4, & 6 - 8 for critical information about your leave entitlements, responsibilities and accrual usage. You may be required to provide certification of your fitness for duty at the end of your leave. See page 4 for more information.

___ **Additional information is needed in order to determine whether your leave request can be approved.**

See page 4 for an explanation of the additional information that will be needed.

___ **You are not approved to take leave pursuant to one or more of the following leave entitlements:**

- ___ Federal FMLA
- ___ State FMLA
- ___ Pregnancy Disability Leave under C.G.S. 46a-60(a)(7)
- ___ SEBAC Supplemental Leave
- ___ Bone Marrow or Organ Donation Leave

See page 5 for an explanation of the reasons for the denials.

PART A: APPROVED LEAVES

You are approved to take leave under one or more of the following leave entitlements:

 Leave under federal FMLA has been approved and all leave taken for this reason will be designated as federal FMLA leave.

- Your annual federal leave entitlement will begin/began on *(date)* _____.
- Your federal FMLA leave will run concurrently with a worker’s compensation leave. Yes No
- Your spouse *works/* *does not work* for the State of Connecticut.
 - He/she *will/* *will not* be taking leave for the same purpose.
- You are required to use your **paid sick leave accruals** if the absence is for **your own serious illness**.
- You have requested to use paid leave accruals during your leave. Any paid leave taken for this reason will count against your federal FMLA leave entitlement. *(See pages 6 and 7)*
- You are required to notify us as soon as practicable if the 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 federal FMLA 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 federal 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).

See Form FMLA-HR2c for more information about coding your time.

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       **Leave under C.G.S. 31-51kk has been approved and all leave taken for this reason will be designated as “state FMLA leave.”**

- Your annual state leave entitlement will begin/began on *(date)* \_\_\_\_\_.
- Your state FMLA leave will run concurrently with a worker’s compensation leave.  Yes  No
- Your spouse  *works/*  *does not work* for the State of Connecticut.
  - He/she  *will/*  *will not* be taking leave for the same purpose.
- You are required to use your **paid sick leave accruals** if the absence is for **your own serious illness**.
- You have requested to use paid leave accruals during your leave. Any paid leave taken for this reason will count against your federal FMLA leave entitlement. *(See pages 6 and 7)*
- You are required to notify us as soon as practicable if the 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 federal FMLA 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 state FMLA 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 state 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).

See Form FMLA-HR2c for more information about coding your time.

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 Leave under C.G.S. 46a-60(a)(7) leave has been approved and all leave taken for this reason will be designated as “pregnancy disability leave.”

- Your pregnancy disability leave entitlement will begin/began on *(date)* _____.

This form provided by the Department of Administrative Services

- You are required to use your **paid sick leave accruals** during your pregnancy disability leave.
- _____ You have requested to use paid leave accruals during your leave. Any paid leave taken for this reason will count against your pregnancy disability leave entitlement. *(See pages 6 and 7)*
- You are required to notify us as soon as practicable if the 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 pregnancy disability 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:

See Form FMLA-HR2c for more information about coding your time.

Leave under the 2017 SEBAC Agreement has been approved and all leave taken for this reason will be designated as “SEBAC Supplemental leave.”

- Your SEBAC Supplemental leave will begin/began _____.
- _____ You have requested to use paid leave accruals during your leave. Any paid leave taken for this reason will count against your SEBAC Supplemental leave entitlement. *(See pages 6 and 7)*
- You are required to notify us as soon as practicable if the 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 SEBAC Supplemental 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 SEBAC Supplemental 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).

See Form FMLA-HR2c for more information about coding your time.

Bone Marrow or Organ Donation leave has been approved. *(Available after January 1, 2018)*

- Your bone marrow or organ donation leave entitlement will begin/began on *(date)* _____ and will end on _____.
- You must notify us as soon as practicable if the dates of scheduled leave change or are extended, or were initially unknown.

See Form FMLA-HR2c for more information about coding your time.

Fitness for Duty: You will be required to return page 4 of the Medical Certificate (Form P33a)

certifying your fitness-for-duty prior to being 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.

Note: *Failure to return to work at the end of your leave period may be treated as a resignation unless an extension has been requested, agreed upon and approved in writing by the agency.*

PART C: LEAVE REQUESTS NOT APPROVED

_____ **Federal FMLA leave is denied because:**

_____ The federal FMLA does not apply to your leave.

_____ You have exhausted your federal FMLA leave entitlement in the applicable 12-month period.

_____ **State family/medical leave (C.G.S. 31-51kk) is denied because:**

_____ The state family/medical leave does not apply to your leave request.

_____ You have exhausted your state family/medical leave entitlement in the applicable two-year period.

_____ **Leave under C.G.S. 46a-60(a)(7) is denied because this statute does not apply to your leave request.**

_____ **SEBAC Supplemental Leave is denied because:**

_____ SEBAC Supplemental leave does not apply to your leave request.

_____ You have exhausted your SEBAC Supplemental entitlement in the applicable two-year period.

_____ **Bone Marrow/Organ Donation Leave is denied because this statute does not apply to your leave request.**

PART D: USE OF ACCRUALS

- **The choice to use your accruals must be made before you begin your leave.**
 - **If you want change your accrual designation, you must contact your Human Resources Office.**
 - **Accrual changes will be applied prospectively.**
- **If the reason for leave is for your own serious illness:**
 - **Sick leave accruals must be used.**
 - **Sick leave accruals must be exhausted before other accruals can be used.**
- **If you do not elect to use your accruals, the leave will be unpaid.**
- **If you choose not to use all of your accruals or if your accruals are exhausted before the leave ends, the remainder of the leave will be unpaid.**
- **If you elect to use your accruals, that paid time must be spent down completely before you go into unpaid status.**
- **You cannot intermingle unpaid time with paid time.**

Based on the information you provided to date, your accruals will be used as follows:

USE OF ACCRUALS	Sick Leave Accruals	Vacation Accruals	Personal Leave	Comp Time Accruals	Sick Family Days (based on bargaining unit contract)	Parental Days (based on bargaining unit contract)
REASON	Days/Hours	Days/Hours	Days/Hours	Days/Hours	Days/Hours	Days/Hours
PERSONAL MEDICAL LEAVE						
My own illness or injury	<i>If available, must be used</i>				<i>Not Applicable</i>	<i>Not Applicable</i>
Disability period related to my pregnancy & childbirth	<i>If available, must be used</i>				<i>Not Applicable</i>	<i>Not Applicable</i>
Organ donation (after exhaustion of paid leave entitlement of 15 days)	<i>If available, must be used</i>				<i>Not Applicable</i>	<i>Not Applicable</i>
Bone marrow donation (after exhaustion of paid leave entitlement of 7 days)	<i>If available, must be used</i>				<i>Not Applicable</i>	<i>Not Applicable</i>
CAREGIVER LEAVE						
Spouse (including providing care to your wife during the disability period associated pregnancy and childbirth)						<i>Not Applicable</i>
Parent						<i>Not Applicable</i>
Parent-in-law					<i>Not Applicable</i>	<i>Not Applicable</i>
Child						<i>Not Applicable</i>
BONDING LEAVE						
Birth of child					<i>Not Applicable</i>	
Adoption of child					<i>Not Applicable</i>	
Placement of foster child					<i>Not Applicable</i>	<i>Not Applicable</i>

USE OF ACCRUALS	Sick Leave Accruals	Vacation Accruals	Personal Leave	Comp Time Accruals	Sick Family Days (based on bargaining unit contract)	Parental Days (based on bargaining unit contract)
REASON	Days/Hours	Days/Hours	Days/Hours	Days/Hours	Days/Hours	Days/Hours
MILITARY FAMILY LEAVE						
Military Caregiver - Covered Servicemember						<i>Not Applicable</i>
Military Caregiver - Covered Veteran						<i>Not Applicable</i>
Qualifying Exigency leave					<i>Not Applicable</i>	<i>Not Applicable</i>