



State of Connecticut Human Resources
Agency Response: Designation Notice

To Employee Request for Leave of Absence under the Federal Family and Medical Leave Act (FMLA) and/or State C.G.S. 5-248a (Family and medical leave from employment)

(To be completed by the Human Resources Unit)

Form # FMLA-HR2b
Revision Date: 2/2009

Manchester Community College, MS #2, Great Path,
P.O. Box 1046, Manchester, CT 06045-1046

Leave covered under the federal Family and Medical Leave Act (FMLA) and/or the state (C.G.S. 5-248a) law must be designated as protected under federal and/or state law and the employer must inform the employee of the amount of leave that will be counted against the employee's federal FMLA and/or state family/medical leave entitlement.

TO: (Employee Name)
FROM: Desreen Petgrave, HR Specialist (Agency Human Resources Representative)
DATE:

Manchester Community College (Agency)
860-512-3615 (Telephone Number)

We have reviewed your request for leave under the federal FMLA and/or state family/medical leave and any supporting documentation that you have provided. We received your most recent information on (date) and decided:

Disposition of Request (check all that apply)

(1) Approved (One or both may apply)

Your request for leave under the federal FMLA has been approved. All leave taken for this reason will be designated as FMLA leave and, if applicable, may run concurrently with a worker's compensation injury.

Type of leave: Intermittent, Reduced Schedule, Block of time. From, To

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your FMLA leave entitlement:

Your spouse works/ does not work for the State. If yes, list agency. He/she will/ will not be taking leave for the same purpose.

Because the FMLA leave you will need within this time period is indeterminate, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time.

We are requiring you to use your paid sick leave accruals if for your own serious illness.

You have requested to use paid leave accruals during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

**Disposition of Request (continued)**

**Approved (continued)**

\_\_\_\_\_ Your request for leave under **state family/medical leave [C.G.S. 5-248a]** has been approved. 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 state leave entitlement.

Dates: *From* \_\_\_\_\_ *To* \_\_\_\_\_

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\_\_\_\_\_ **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.

**(2) Additional Information is needed to determine if your federal FMLA leave and/or state family/medical leave can be approved**

\_\_\_\_\_ The certification you have provided is **not complete and sufficient** to determine whether federal FMLA and/or state family/medical leave applies to your leave request. You must provide the following information no later than \_\_\_\_\_, unless it is not practicable under the particular \_\_\_\_\_ (provide at least 7 calendar days) circumstances despite your diligent good faith efforts, or your leave may be denied. *(Specify info needed to make the certificate complete and sufficient)*

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\_\_\_\_\_ 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 date.

**(3) Denied**

\_\_\_\_\_ **Your request for leave under federal FMLA is not approved because:**

- \_\_\_\_\_ The federal FMLA does not apply to your leave request.
- \_\_\_\_\_ You have exhausted your federal FMLA leave entitlement in the applicable 12-month period.

\_\_\_\_\_ **Your request for leave under state family/medical leave (C.G.S. 5-248a) is not approved 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.

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:

**Use of Accrued Leave:** *(Note: Once you have exhausted accrued time (as specified by you), the remainder of your leave will be unpaid. Sick leave can only be used for leaves due to an employee's own serious health condition.)*

\_\_\_\_\_ **Birth of Child - Mother: Your absence is due to your pregnancy.** The "disability" portion of your pregnancy will be charged to any accrued sick leave. Once you have exhausted your sick leave, you may use personal leave, vacation accruals, comp time or unpaid leave. Once you have completed the "disability" portion of your pregnancy (i.e., you have been certified as able to perform the requirements of your job by your attending physician), you may not use accrued sick leave. You may, however, as above, use personal leave, vacation accruals or comp time for the balance of your leave. You have elected to use:

/  / all your vacation, personal and/or comp time leave balances,  
**except for** \_\_\_\_\_; **OR**  
 / \_\_\_\_\_ days/hours of vacation accruals; \_\_\_\_\_ days/hours of personal leave; \_\_\_\_\_ days/hours of comp time.  
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/  **Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.**

\_\_\_\_\_ **Birth of Child – Father: Your absence is due to the birth of your child and after you have used \_\_\_\_\_ (fill in number) "sick family" days, you have elected to use:**

/  / all your vacation, personal and/or comp time leave balances,  
**except for** \_\_\_\_\_; **OR**  
 / \_\_\_\_\_ days/hours of vacation accruals; \_\_\_\_\_ days/hours of personal leave; \_\_\_\_\_ days/hours of comp time.  
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/  **Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.**

\_\_\_\_\_ **Your absence is to provide care for a child that has been placed with you through adoption (State and federal) or through foster care (Federal FMLA only) and after you have used \_\_\_\_\_ (fill in number) "sick family" days, you have elected to use:**

/  all your vacation, personal and/or comp time leave balances,  
**except for** \_\_\_\_\_; **OR**  
 / \_\_\_\_\_ days/hours of vacation accruals; \_\_\_\_\_ days/hours of personal leave; \_\_\_\_\_ days/hours of comp time.  
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/  **Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.**

\_\_\_\_\_ **Your absence is for your own "serious health condition"/"serious illness" and will be charged to your sick leave until such leave has been exhausted. Once your sick leave is exhausted you have elected to use:**

/  all your vacation, personal and/or comp time leave balances,  
**except for** \_\_\_\_\_; **OR**  
 / \_\_\_\_\_ days/hours of vacation accruals; \_\_\_\_\_ days/hours of personal leave; \_\_\_\_\_ days/hours of comp time.  
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/  **Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.**

**Use of Accrued Leave (continued)**

\_\_\_\_\_ **Your absence is to provide care for a spouse, child or parent with a “serious health condition” and after you have used \_\_\_\_\_ (fill in number) “sick family” days you have elected to use:**  
/ \_\_\_ / all your vacation, personal and/or comp time leave balances,  
**except for** \_\_\_\_\_; **OR**  
/ \_\_\_ / \_\_\_\_\_ days/hours of vacation accruals; \_\_\_\_\_ days/hours of personal leave; \_\_\_\_\_ days/hours of comp time.  
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/ \_\_\_ / **Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.**

\_\_\_\_\_ **Your absence is to serve as an organ or bone marrow donor. (State only) You have elected to use:**  
/ \_\_\_ / all your vacation, personal and/or comp time leave balances,  
**except for** \_\_\_\_\_; **OR**  
/ \_\_\_ / \_\_\_\_\_ days/hours of vacation accruals; \_\_\_\_\_ days/hours of personal leave; \_\_\_\_\_ days/hours of comp time.  
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/ \_\_\_ / **Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.**

\_\_\_\_\_ **Your absence is for military family leave because of a “qualifying exigency” arising out of the fact that your spouse, son, or daughter or parent is on active duty or call to duty status in support of a contingency operation as a member of the National Guard or Reserves (Federal only) Your absence will be unpaid UNLESS your CBA or other policies permits use of accruals. If allowable, you have elected to use:**  
/ \_\_\_ / all of your vacation accruals, personal leave and/or comp time balances,  
**except for** \_\_\_\_\_; **OR**  
/ \_\_\_ / \_\_\_\_\_ days/hours of vacation accruals; \_\_\_\_\_ days/hours of personal leave; \_\_\_\_\_ days/hours of comp time.  
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/ \_\_\_ / **Your absence will be unpaid and you have not elected to use personal leave, vacation accruals or comp time.**

\_\_\_\_\_ **Your absence is for military family leave because you are the spouse, son or daughter, parent or next of kin of a covered servicemember with serious injury or illness and after you have used \_\_\_\_\_ (fill in number) “sick family” days, you have elected to use:**  
/ \_\_\_ / all of your vacation accruals, personal leave and/or comp time balances,  
**except for** \_\_\_\_\_; **OR**  
/ \_\_\_ / \_\_\_\_\_ days/hours of vacation accruals; \_\_\_\_\_ days/hours of personal leave; \_\_\_\_\_ days/hours of comp time.  
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/ \_\_\_ / **Your absence will be unpaid after your sick entitlement (if any) and you have not elected to use personal leave, vacation accruals or comp time.**