



## Designation Notice (Family and Medical Leave Act & New Jersey Family Leave Act)

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Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA or the NJ Family Leave Act (NJFLA), the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. This form, when fully completed, provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301 and 825.305(c). For additional information, please refer to University policy 60.3.8 - Family Leave.

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To: \_\_\_\_\_ Date: \_\_\_\_\_  
*Employee*

From: \_\_\_\_\_  
*Employer Representative*

We have reviewed your request for leave under the FMLA and/or NJFLA and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_ and decided:

**Your \_\_\_\_\_ . All leave taken for this reason will be designated as FMLA and / or NJFLA leave as outlined below:**

Your FMLA begins on \_\_\_\_\_, and ends on \_\_\_\_\_.

Your NJFLA begins on \_\_\_\_\_, and ends on \_\_\_\_\_.

Continuous Leave       Intermittent Leave       Reduced Schedule Leave

*For Reduced Schedule Leave, Enter Schedule here:*

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For continuous leave for your own serious health condition, your applicable sick time ends on \_\_\_\_\_, and does not count towards your total FMLA entitlement. For intermittent or reduced schedule leave, sick time counts towards your total FMLA entitlement.

**The FMLA/NJFLA require 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:

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- 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 and/or NJFLA 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).

**Please be advised (check if applicable):**

- You have requested to use \_\_\_\_\_ Vacation \_\_\_\_\_ AL \_\_\_\_\_ PH days during your unpaid \_\_\_\_\_ leave. Any paid leave taken for this reason will count against your FMLA and/or NJFLA leave entitlement as checked.
- You have requested to use \_\_\_\_\_ sick leave days to care for a family member. For continuous leave, sick leave days will not count against your FMLA and/or NJFLA entitlement. For intermittent or reduced schedule leave, sick leave days will count against your FMLA and/or NJFLA 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 essential functions of your position
- is attached.**
  - is not attached.**

If attached, the fitness-for-duty certification must address your ability to perform these essential functions.



**Additional information is needed to determine if your FMLA and / or NJFLA leave request can be approved:**

The certification you have provided is not complete and sufficient to determine whether the FMLA/NJFLA applies to your leave request. You must provide the following information no later than \_\_\_\_\_, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. *(Provide at least seven calendar days for the return of information)*

Specific information needed to make the certification 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 time.

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**Your \_\_\_\_\_ leave request is Not Approved.**

**The \_\_\_\_\_ does not apply to your leave request.**

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

**You have exhausted your NJFLA leave entitlement in the applicable 24-month period.**

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### PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**