Jackson County
School District 9

Code: **GCBDA/GDBDA-AR(6)**
Revised/Reviewed: 12/17/09, 3/10/10

Designation Notice – FMLA/OFLA

Leave covered under the Family and Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA) must be designated as FMLA and/or OFLA-protected and the district must inform the employee of the amount of leave that will be counted against the employee's FMLA and/or OFLA leave entitlement. In order to determine whether leave is covered under the FMLA and/or OFLA, the district 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.

Employee_____

Date_____

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

☐ Your request is approved for FMLA. All leave taken for this reason will be designated as FMLA leave.

☐ Your request is approved for FMLA and OFLA. This designation of leave will run concurrently.

☐ Your request is approved for OFLA. All leave taken for this reason will be designated as OFLA leave.

The FMLA and/or OFLA 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, we are providing the following information about the amount of time that will be counted against your 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 rescheduled, it is not possible to provide the hours, days or weeks that will be counted against your FMLA and/or OFLA entitlement at this time. You have the right 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 paid leave during your FMLA and/or OFLA leave. Any paid leave taken for this reason will count against your FMLA and/or OFLA leave entitlement.

☐ We are requiring you to substitute or use paid leave during your FMLA and/or OFLA leave.

☐ 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 the essential functions of your position ☐ is ☐ is not attached. If attached, the fitness-for-duty certifications must address your ability to perform these functions.

_____

☐ Additional information is needed to determine if your FMLA and/or OFLA leave request can be approved.

☐ The certification you have provided is not complete and sufficient to determine whether the FMLA and/or OFLA applies to your leave procedures. You must provide the following information no later than _____(at least 15 calendar days), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. The information needed to make the certification complete and sufficient is:

_____

_____

☐ 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 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. (Note: Federal Military Family Leave is on a separate 12 month period.)

☐ Your OFLA leave request is NOT APPROVED.

☐ The OFLA does not apply to your leave request.

☐ You have exhausted your OFLA leave entitlement in the applicable 12-month period.