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| DOTLOGOMISSOURI DEPARTMENT OF TRANSPORTATION DESIGNATION NOTICE FAMILY AND MEDICAL LEAVE ACT (FMLA) LEAVE |

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| Employee’s Name: |  |
| Home Address: |  |
| Home Phone Number: |  |
| Job Title: |  |
| District/Division/Office: |  |

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| --- | --- |
| Date: |  |
| Dear |  |

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| We have reviewed your request for leave under the FMLA and any supporting documentation you have | | | | | |
| provided. We received your most recent information on | | |  | | . |
| You have requested leave under the FMLA for: | | | | | |
|  | the birth of your child | | | | |
|  | the placement (adoption or foster care) of a child with you | | | | |
|  | your serious health condition |  | | | |
|  | the care of your spouse/child/parent with a serious health condition | | |  | |
|  | the qualifying exigency arising out of the fact that your spouse/child/parent is a member of the Armed Forces on covered active duty or call to covered active duty status | | | | |
|  | the care of an injured/ill servicemember for whom you are the spouse/child/parent/next of kin | | | | |

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|  | **We have approved your request for FMLA leave.** The approved FMLA leave is only for absences | | | | | | | | |
| related to the reason indicated above. If leave is taken on an intermittent basis you will be required to indicate if an absence is related to your FMLA qualifying event, or if you are requesting leave for another reason, so the department will know how to designate leave. You have anticipated, and we have approved, | | | | | | | | | |
| absences during the following dates: (expected start date) | | | |  | | | | | through (expected date of |
| return to work) | |  | . You are entitled to |  | 12 |  | 26 | workweeks of leave under | |
| the FMLA. Your approved leave may end sooner than the dates listed above if your qualifying event no longer exists (conditions improve), or if you have exhausted your entitlement during the current 12-month period. The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. If it becomes necessary to request additional time away from work you should do so in writing. (*Please see page 2 for additional information about your FMLA leave.*) | | | | | | | | | |

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|  | **Additional information is needed to determine if your FMLA leave request can be approved.** |
|  | (*Please see additional attached page(s) detailing the information needed.*) |
|  | **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.** |

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| Employee Name: |  |  |

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| The following type(s) of leave will be used to cover this absence, in this order: | | | | | | |
|  | Parental leave | use all | use |  | hours | Applied 1st 2nd 3rd 4th |
|  | Paid sick leave | use all | use |  | hours | Applied 1st 2nd 3rd 4th |
|  | Paid annual leave | use all | use |  | hours | Applied 1st 2nd 3rd 4th |
|  | Comp time | use all | use |  | hours | Applied 1st 2nd 3rd 4th |
|  | Unpaid FMLA leave | use all | use |  | hours | Applied 1st 2nd 3rd 4th |
| You must work with your supervisor to ensure that your timesheets are coded appropriately to reflect use of these leave balances during your absence. Should it become necessary for your unpaid leave to exceed 80 consecutive work hours an ESMT will be processed placing you on unpaid FMLA status, otherwise timesheets will need to continue being entered. | | | | | | |

Because you are taking leave for an FMLA-qualifying event, please note the following:

1. If you are requesting leave for your own serious health condition, to care for your family member with a serious health condition, or to care for an injured/ill servicemember, you must first exhaust your accrued paid sick leave before taking unpaid FMLA leave (unless the servicemember being cared for does not fall under the department’s sick leave policy definition of immediate family and sick leave cannot be used).
2. You have the right, but will not be required to, use other accrued paid leave before taking unpaid FMLA leave.
3. All unpaid leave taken for the reason listed on this form is being/will be designated by the department as FMLA leave and will count toward your FMLA leave entitlement.
4. While you are on unpaid FMLA leave, the department will continue to provide its share of premiums for health insurance coverage; however, you are responsible for manually making your share of premium payments during this time. State sponsored life insurance and disability insurance coverage provided to you at no cost is not included in the department's share of health insurance coverage provided to employees on unpaid FMLA leave. You have the option of continuing coveragefor health, life, or disability insurance by making manual payments during your approved FMLA leave. If you have any questions regarding your benefits or the amount of premium payments due while on unpaid FMLA leave, please contact your benefits representative,

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| Name: |  | Telephone Number: |  |

If premium payments are not made on or before the due date, coverage may lapse.

1. You may be required to furnish periodic reports of your status and intent to return to work.
2. Prior to returning to work from leave for your own serious health condition, you will be required to provide a certification from your health care provider indicating whether you are able to return to full duty or with restrictions. You will not be allowed to return to work until we receive a completed certification from your treating physician.
3. You will be restored to the same or an equivalent job upon return from FMLA leave.
4. Failure to return to work at the end of your approved leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the department.
5. If you fail to return to work after taking FMLA leave, you may be required to reimburse health insurance premiums paid by the department on your behalf while you were on unpaid FMLA leave.

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| Please refer to Personnel Policy 3512, “Family and Medical Leave,” for further information about FMLA | | |
| leave. If you have any questions, please contact me at telephone number: |  | . |

Sincerely,

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|  | Date: |  |
| HR Signature |  | |

Both the employee and the local human resources representative should retain a copy of this form.