



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 Department)

Form # FMLA-HR2b

Revision Date: 11/2017

TO: \_\_\_\_\_ (Employee Name)

\_\_\_\_\_ (Agency)

FROM: \_\_\_\_\_ (Agency Human Resources Representative)

\_\_\_\_\_ (Telephone Number)

DATE: \_\_\_\_\_

REASON FOR LEAVE:

Table with 2 columns and 2 rows detailing leave categories: Personal Medical Leave, Caregiver Leave, Bonding Leave, and Military Family Leave.

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
\_\_\_ C.G.S. 31-51kk
\_\_\_ C.G.S. 46a-60(a)(7)
\_\_\_ SEBAC 2017 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 5 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
\_\_\_ C.G.S. 31-51kk
\_\_\_ C.G.S. 46a-60(a)(7)
\_\_\_ SEBAC 2017 Supplemental Leave
\_\_\_ Bone Marrow or Organ Donation Leave

See page 6 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 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 must notify us as soon as practicable if the dates of scheduled leave change or are extended, or were initially unknown.
- 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 FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement. *(See pages 3 and 4)*

\_\_\_\_ 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:

**Type of leave:** *(Check and explain the hours, days or weeks)*

\_\_\_\_ **Intermittent:** *From* \_\_\_\_\_ *To* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **Reduced Schedule:** *From* \_\_\_\_\_ *To* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **Block of time:** *From* \_\_\_\_\_ *To* \_\_\_\_\_

**OR**

\_\_\_\_ Because the amount of 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. You have the right to request this information no more than once in a 30-day period (if leave was taken in the 30-day period).



\_\_\_\_ **Leave under C.G.S. 31-51kk has been approved and all leave taken for this reason will be designated as “State 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 must notify us as soon as practicable if the dates of scheduled leave change or are extended, or were initially unknown.
- 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 FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement. *(See pages 3 and 4)*

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:

Type of leave: (Check and explain the hours, days or weeks)

Intermittent: From To

Three horizontal lines for writing details under Intermittent leave.

Reduced Schedule: From To

Three horizontal lines for writing details under Reduced Schedule leave.

Block of time: From To

OR

Because the amount of 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. You have the right to request this information no more than once in a 30-day period (if leave was taken in the 30-day period).



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)
• You must 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 leave entitlement.

Type of leave: (Check and explain the hours, days or weeks)

Block of time: From To



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

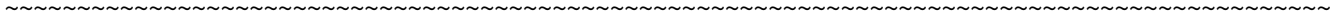
- Your SEBAC Supplemental leave will begin/began on (date)
• You must notify us as soon as practicable if the dates of scheduled leave change or are extended, or were initially unknown.
• Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement.

Type of leave: (Check and explain the hours, days or weeks)

Reduced Schedule: From To

Three horizontal lines for writing details under Reduced Schedule leave.

Block of time: From To



\_\_\_\_\_ **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)* \_\_\_\_\_.
- You must 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 leave entitlement.

**Type of leave:** *(Check and explain the hours, days or weeks)*

\_\_\_\_\_ **Block of time:** *From* \_\_\_\_\_ *To* \_\_\_\_\_



\_\_\_\_\_ **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. 5-248a) 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 2017 Supplemental Leave is denied because:**

\_\_\_\_\_ SEBAC 2017 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.**

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**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 Department.**
  - **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 earned 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 is 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 allocated as follows:**

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

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