

DESIGNATION NOTICE

Date _____

[Insert Employee Name/Address]

Dear _____,

[Insert Company Name] (the Company) has reviewed your request for leave under the FMLA and/or CFRA, as well as any supporting documentation that you have provided. We received your most recent information on _____ **[insert date of most recent correspondence]**. Based on all of the provided information, we have determined: **[check applicable]**

_____ Your FMLA and/or CFRA request is not approved.

_____ The FMLA and/or CFRA does not apply to your request.

_____ You have exhausted your leave entitlement for the applicable 12-month period.

_____ Additional information is needed in order to determine whether your leave request can be approved.

_____ The certification you have provided is not complete and sufficient to determine whether FMLA and/or CFRA applies to your request. Please provide the following information no later than _____ **[insert date]** (unless it is not practicable to provide this information under the particular circumstances despite diligent good faith efforts):

[insert missing information]

_____ Your FMLA and/or CFRA request is approved.

All leave taken for the current purpose will be designated as FMLA and/or CFRA and will count against your leave entitlement(s). Note that you are required to notify the Company as soon as practicable if dates of scheduled leave change, are extended, or were initially unknown.

Based on the information that you have provided to date, the Company anticipates that the following time will be counted against your leave entitlement(s):

_____ Provided there is no deviation from the anticipated leave schedule, you will use _____ **[hours/days/weeks]** of your FMLA/CFRA leave.

_____ Because the leave you need is unscheduled, it is not currently possible to calculate how many hours, days, or weeks will be counted against your leave entitlement at this time.

You have the right to request this information within 30-days of when leave is first taken.

Be advised that you ____ **[have / have not]** requested to use accrued paid leave and/or the Company is ____ **[requiring / allowing]** you to use paid leave during your FMLA/CFRA leave. Any paid leave taken for this reason will count against your leave entitlement(s).

You ____ **[will / will not]** be required to present a Return-To-Work Release as a condition of being restored to employment. Note that failing to provide this certification in a timely fashion can result in delaying your reinstatement until certification is provided. The Return-To-Work Release must address your abilities to perform the essential job duties of your position. A list of your essential job duties is attached to this letter. **[Attach list of essential job duties]**

If you have any questions, please contact: **[insert contact information]**

Name: _____

Phone: _____

Sincerely,

_____ **[insert Company representative]**