



FMLA Designation Form

Note: Leave can be designated as FMLA without a specific faculty or staff request if HR & Payroll or the Department has enough information to determine eligibility and qualification.

To: _____
(Name of Faculty or Staff)

G#: _____

From: _____
(Benefits Administrator)

On _____, you notified us of your need for family and medical leave due to:
(Date)

- birth or placement of child with you for adoption or foster care; or
- a serious health condition that makes you unable to perform your job; or
- a serious health condition affecting your spouse, child, parent, next of kin*, for which you are needed to provide care.

*Care for next of kin is only available for covered service members.

You notified us that you need this leave beginning _____, and that you
(Date)

expect the leave to continue until on or about _____
(Date)

This notice is to inform you that:

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

The FMLA 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 leave entitlement:

Please be advised (check if applicable):

- You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.
- You will be required to present a fitness-for-duty certificate or Return to Work Certification to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. Your Employee Work Profile (EWP) is attached to this notice. The fitness-for-duty certification must address your ability to perform the functions listed in your EWP.

Additional information is needed to determine if your FMLA leave request can be approved:

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

(Specify information needed to make the certification complete and sufficient)

- 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.

See below for important benefits information.

(Benefits Administrator Signature)

(Date)

Benefits Information

If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. While using your accrued leave, the payments will occur automatically. If you go on leave without pay, you must pay by check or make arrangements for payment by the 25th of each month for the following month's premium.

You have a 30-day grace period in which to make premium payments. **If you do not make timely payments, your group health insurance may be cancelled.**

Reminder: You may change your health insurance plan or membership level during the annual open enrollment period (normally held each spring) or when you experience a mid-year qualifying event, such as the birth or adoption of a child. To ensure coverage, you must submit a completed Enrollment/Waiver form to Human Resources & Payroll **within 31 days** of the qualifying "life event." Following are some "life events" that may occur when using FMLA:

- *birth or adoption of a child;*
- *transition from short-term disability to long-term disability under the Virginia Sickness and Disability Program (VSDP); and*
- *return from an unpaid leave of absence.*

For more information...

For more information on making changes to your health insurance plan and flexible reimbursement accounts, visit the Benefits website at <http://hr.gmu.edu/benefits> or contact Human Resources & Payroll at (703) -993 - 2600. You may also email the benefits team at benefits@gmu.edu.