

**NON-FMLA MEDICAL LEAVE - DESIGNATION NOTICE**

College  Date

To: Name  Empl. ID

C: Supervisor's Name

We have received your application for **NON-FMLA Medical Leave**, along with the supporting documents dated

Based on the information you have provided to date, the following breakdown of leaves will be recorded:

- Type of Leave  Start Date  End Date
- Type of Leave  Start Date  End Date
- Type of Leave  Start Date  End Date
- Type of Leave  Start Date  End Date
- Type of Leave  Start Date  End Date
- Type of Leave  Start Date  End Date

Anticipated date of return  **Actual Date of Return** \_\_\_\_\_

**Fitness for Duty Certification**

- You will be required to present a Fitness for Duty Certification prior to being restored to employment. If such certification is not received in a timely manner, your return to work may be delayed until such certification is provided.
- The Fitness for Duty Certification must address your ability to perform the functions of your job. Refer to Essential Functions listed in the Job Description provided by the employer, or as based upon the employee's own description of his/her job.
- You will **NOT** be required to present a Fitness for Duty Certification prior to being restored to employment.

**Additional information is required to determine if your Application for Non-FMLA Medical Leave can be approved**

- The certification you provided is not complete and sufficient. You must provide the following information no later than the date specified, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. Date

**Information needed to make the certification complete and sufficient:**

**TO BE COMPLETED BY HUMAN RESOURCES**

Leave with Pay ends \_\_\_\_\_ Health Coverage ends \_\_\_\_\_ COBRA begins, if applicable \_\_\_\_\_

Date (s) of Special Leave of Absence Coverage (SLOAC) From \_\_\_\_\_ To \_\_\_\_\_

**This form must be signed by the Director of Human Resources or Designee:**

Name  Signature \_\_\_\_\_

Date \_\_\_\_\_