



Designation Notice – FMLA

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and we must inform you of the amount of leave that will be counted against your FMLA leave entitlement. If the certification is incomplete or insufficient, we must state in writing what additional information is necessary to make the certification complete and sufficient. This form provides you with the information required by 29 C.F.R. §§ 825.300(d), 825.301, and 825.305(c), which must be provided within five business days of the County having enough information to determine whether the leave is for an FMLA-qualifying reason. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

SECTION I - EMPLOYER

We are responsible in **all** circumstances for designating leave as FMLA-qualifying and giving notice to you. Once you communicate a need to take leave for an FMLA-qualifying reason, we may not delay designating such leave as FMLA leave, and neither of us may decline FMLA protection for that leave. FMLA will run concurrently with all other leave as allowed by state and federal law.

Date: _____

From: Superior Court in Mohave County

To: _____

On _____ we received your most recent information to support your need for leave due to:

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- Your own serious health condition
- Because you are needed to care for your (Spouse; Child; Child over 18 incapable of self-care; Parent) due to their serious health condition.
- A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty with the Armed Forces.
- A serious injury or illness of a covered servicemember where you are the servicemember's spouse, child, parent, or next of kin

We have reviewed information related to your need for leave under the FMLA along with any supporting documentation provided and decided that your FMLA leave request is:

- Not Approved:**
 - Your condition or reason for leave is not covered by the FMLA.
 - You do not meet the hourly qualification requirements for FMLA.
 - As of the date the leave is to start, you do not have any FMLA leave available to use.
- Other: _____

Additional information is needed to determine if your leave request qualifies FMLA leave. *Go to Section II for the specific information needed.*

SECTION II – ADDITIONAL INFORMATION NEEDED

We need additional information to determine whether your leave request qualifies under FMLA. Once we obtain the additional information requested, we will inform you **within 5 business days** if your leave will or will not be designated as FMLA leave and count towards the amount of FMLA leave you have available. **Failure to provide the additional information as requested may result in a denial of your FMLA leave request.**

If you have any questions, please contact: Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470

Incomplete or Insufficient Certification

The certification you have provided is incomplete and/or insufficient to determine whether the FMLA applies to your leave request.

The certification provided is incomplete and we are unable to determine whether FMLA applies to your leave request. *“Incomplete” means one or more of the applicable entries on the certification have not been completed.*

The certification provided is insufficient to determine whether FMLA applies to your leave request. *“Insufficient” means the information provided is vague, unclear, ambiguous, or non-responsive.*

Specify the information needed to make the certification complete and/or sufficient: _____

You must provide the requested information no later than _____ or your leave may be denied.

We must provide you at least 7 calendar days, unless it is not practicable under your circumstances despite your diligent good faith efforts.

Second and Third Opinions

We request that you obtain a (second third opinion) medical certification at our expense, and we will provide further details at a later time.

Note: You or your family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issue.

If you have any questions, please contact: Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470