



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:

Approved. All leave taken for this reason will be designated as FMLA leave to run concurrently. *Go to Section III for more information.*

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: _____

SECTION II - FMLA LEAVE APPROVED

As explained in Section I, your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave and will count against the amount of FMLA leave you have available to use in the applicable 12-month period rolling backward. The FMLA requires that you notify us as soon as practicable if the dates of scheduled leave change, 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 the total **amount of FMLA leave** you have available to use in the applicable 12-month period rolling forward:

Provided there is no change from your **anticipated FMLA leave schedule**, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

Because the leave you will need will be **unscheduled**, 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 once in a 30-day period (if leave was taken in the 30-day period).

Insurance Premiums:

We are requiring you to use some or all of your available paid leave (e.g., sick, vacation, PTO) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period. Your paid leave will first be used to pay your portion of the insurance premiums. If you are on leave for a longer period of time than your paid leave can be distributed to cover your insurance costs, you will need to make arrangement to pay your insurance.

If you are on short-term disability, you do not have to use your paid leave except for paying your portion of insurance premiums. If you do not have any paid leave available, you must make arrangements to pay your portion of insurance premiums.

At our option, we may pay your share of the premiums during FMLA leave and recover these payments from you upon your return to work. You may either pay the premiums directly or we can take deductions from your payroll.

Return-to-work requirements.

To be restored to work after taking FMLA leave, you (will be / will not be) required to provide a certification from your health care provider (fitness-for-duty certification or return to work authorization) that you are able to resume work. This request for a fitness-for-duty certification is *only* with regard to the particular serious health condition that caused your need for FMLA leave.

You must provide this information directly to Nicole Aragon at naragon@courts.az.gov or 928-718-4928 x4470

- 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 the essential job functions.
- **If such certification is not received on time, your return to work may be delayed until the certification is provided.**

You must contact Human Resources prior to your expected return to work date so that you may be scheduled to return to work.

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