



STATE OF WEST VIRGINIA
FEDERAL FAMILY and MEDICAL LEAVE ACT (FMLA)
and/or STATE PARENTAL LEAVE ACT (PLA)

Designation Notice

Leave covered under the federal Family and Medical Leave Act (FMLA) and/or the State Parental Leave Act (PLA) must be designated as FMLA-protected and/or PLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA and/or PLA leave entitlement.

To: _____ Date: _____

We have reviewed your request for leave under the _____ FMLA _____ PLA and any supporting documentation that you have provided.

We received your most recent information on _____ and decided the following:

Your leave request is approved. All leave taken for this reason will be designated as:

FMLA PLA leave (Check both if applicable. If the leave qualifies for both PLA and FMLA both boxes should be checked as the leave entitlement will exhaust concurrently even if both were not requested.).

You are required to notify us as soon as practicable if your 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:

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

Hours Days Weeks

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 leave 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).

Please be advised (check if applicable):

We are requiring you to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement. Any unpaid leave taken for this reason will count against your _____ FMLA _____ PLA entitlement (check both if applicable).

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. 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 these functions.

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

The certification you have provided is not complete and sufficient to determine whether the FMLA and/or PLA apply to your leave request. You must provide the following information no later than

(date) _____ (provide at least

seven calendar days), unless it is not practicable under the particular circumstances 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.

Your FMLA PLA leave request is Not Approved.

The FMLA PLA does not apply to your leave request.

You have exhausted your FMLA PLA leave entitlement in the applicable 12-month period.

In addition to the leave available under FMLA and PLA, the Division of Personnel's *Administrative Rule*, W. VA. CODE R. § 143-1-1 *et seq.*, also provides for leave, both paid and unpaid, if an employee meets eligibility requirements and requests the leave for a qualifying event. If the leave qualifies under both the federal and State law, and/or the *Administrative Rule*, the leave entitlement under each will exhaust concurrently.

AGENCY-AUTHORIZED

SIGNATURE: _____ DATE: _____