

FMLA Designation Form

Instructions for supervisor: Complete this form and return it to the faculty or staff member within two working days of his/her request for planned or unplanned leave. A copy of the form should be held in the department's confidential files.

Note: You may designate the leave as FMLA without a specific faculty or staff request if you have enough information to determine eligibility and qualification. You also may designate the leave pending receipt of appropriate medical documentation.

To: _____
(Name of Faculty or Staff)

V#: _____
(Contact your Personnel Administrator for your V-ID# or obtain from Self-Service Banner)

From: _____
(Name of Manager/Supervisor/HR Representative)

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

This notice is to inform you that:

- You are
 - eligible for leave under FMLA and the leave will be counted toward your annual FMLA allotment pending receipt of appropriate medical certification as noted below.
 - not eligible for leave under FMLA.
- You are required to furnish medical certification of a serious health condition. Please provide the certification by _____.
(Date – provide at least 15 calendar days)
- You are required to use accrued paid leave balances, if available, according to state and University policies.
- You are required to furnish a “fitness-for-duty” or return-to-work report from your health care provider. Failure to provide the fitness-for-duty certification, may delay approval for your return to work.
(Note: A return-to-work note is not required for intermittent leave.)
- While on leave, you will will not be required to furnish periodic reports every _____
(day, week, month interval)
of your status and your intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated above, you will will not be required to notify us at least two days prior to the date you intend to report to work.

See the reverse of this memo for important benefits information.

(Supervisor/HR Representative 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 contact Payroll at 828-0740 to arrange 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 qualified "life events," such as the birth or adoption of a child. To ensure coverage, you must submit a completed Enrollment/Waiver form to VCU Human Resources **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 (effective July 1, 2001).*

For more information...

For more information on making changes to your health insurance plan and flexible reimbursement accounts, visit the VCU Benefits website at www.vcu.edu/hr/benefits or contact VCU Human Resources at 827-1770 or by e-mail at benefits@vcu.edu.