



COUNTY OF SANTA BARBARA DESIGNATION NOTICE (FMLA/CFRA/PDL)

To:

Employee Name:		Date:	
Employee ID#			

From:

Department Representative Name:			
Department Name:		Date:	

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA) and/or Pregnancy Disability Leave Act (PDL) and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

PART A: Leave Approval

1. Your leave request is approved on a:

- Continuous Basis
- Intermittent Basis From _____ to _____

2. All leave taken for this reason will be designated as: (check all that apply)

- FMLA CFRA PDL

For the following reasons:

- Your own serious health condition
- Care of a family member
- Bonding leave
- Military Caregiver Leave
- Qualifying Exigency Leave
- Disability caused by pregnancy
- Other

3. You must notify us as soon as practicable if dates of scheduled leave changes 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 weeks, days or hours will be counted against your leave entitlement:

Weeks _____ Days _____ Hours _____

Because the leave you will need will be unscheduled, it is not possible to provide the weeks, days, or hours that will be counted against your FMLA/CFRA 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).

4. Please be advised (check if applicable):

You have requested to use paid leave during your FMLA/CFRA/PDL leave. Any paid leave taken for this reason will count against your FMLA/CFRA/PDL leave entitlement.

Part B: Return to Work

1. Fitness for Duty

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.

Part C: Additional Information Needed

1. Additional information is needed to determine if your FMLA leave request can be approved.

The certification you have provided is not complete and sufficient to determine whether the FMLA/CFRA/PDL applies to your leave request. You must provide the following information no later than _____ (at least 7 days from current date), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or you 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. (FMLA/CFRA only)

Part D: Leave Denial

1. Check all that apply:

Your request for the following leave is not approved

FMLA CFRA PDL

- The applicable leave regulations do not apply to your request.
- Complete and sufficient certification was not provided.
- As of the date of the request, you do not have any leave available to use.
- Other: _____