



State of Connecticut Human Resources

Designation Notice

Response to Employee Request for Medical Leave, Family Leave or Military Family Leave

(To be completed by Human Resources)

Form # **FMLA-HR2b**
 Revision Effective Date: 1/1/2022

TO: _____ (Employee Name) _____ (Agency)
FROM: _____ (Human Resources Representative) _____ (Telephone Number)
DATE: _____

REASON FOR LEAVE:

<p>Personal Medical Leave (for your own serious health condition): <input type="checkbox"/> My own illness or injury <input type="checkbox"/> Disability period related to my pregnancy and childbirth <input type="checkbox"/> Organ donation <input type="checkbox"/> Bone marrow donation</p>	<p>Caregiver Leave (care for family member in connection with the disability period related to pregnancy and childbirth, organ or bone marrow donation, or other serious health condition): <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child Age of child _____ If the Child is age 18 or older, are they incapable of self-care due to a mental or physical disability as defined by the ADA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse's parent <i>(State FMLA only)</i> <input type="checkbox"/> Sibling <i>(State FMLA only)</i> <input type="checkbox"/> Sibling-in-law <i>(State FMLA only)</i> <input type="checkbox"/> Grandparent <i>(State FMLA only)</i> <input type="checkbox"/> Spouse's grandparent <i>(State FMLA only)</i> <input type="checkbox"/> Grandchild <i>(State FMLA only)</i> <input type="checkbox"/> An individual related by blood or affinity whose close association with the employee is the equivalent to one of the above listed family relationships. <i>(State FMLA only)</i></p>
<p>Bonding Leave: <input type="checkbox"/> Birth of child <input type="checkbox"/> Adoption of child <input type="checkbox"/> Placement of foster child <i>(Federal or state FMLA only)</i></p>	<p>Military Family Leave: <input type="checkbox"/> Qualifying Exigency arising out of the covered active duty of your spouse, parent, or son or daughter <input type="checkbox"/> Military Caregiver leave for your spouse, parent, son, daughter or next of kin who is a covered servicemember <input type="checkbox"/> Military Caregiver leave for your spouse, parent, son, daughter or next of kin who is a covered veteran <i>(Federal FMLA only)</i></p>

Read this entire document thoroughly for critical information about your leave entitlements, responsibilities, and accrual usage.

We have reviewed your request for leave and any supporting documentation that you have provided. We received your most recent information on *(date)* _____ and determined:

- _____ **You are approved to take leave pursuant to one or more of the following leave entitlements:**
- _____ Federal FMLA
 - _____ State FMLA
 - _____ Pregnancy Disability Leave under C.G.S. 46a-60(a)(7)
 - _____ SEBAC Supplemental Leave
 - _____ Bone Marrow or Organ Donation Leave

___ **Additional information is needed in order to determine whether your leave request can be approved.**
See pages 4-5 for an explanation of the additional information that will be needed.

___ **You are not approved to take leave pursuant to one or more of the following leave entitlements:**

- ___ Federal FMLA
- ___ State FMLA
- ___ Pregnancy Disability Leave under C.G.S. 46a-60(a)(7)
- ___ SEBAC Supplemental Leave
- ___ Bone Marrow or Organ Donation Leave

PART A: APPROVED LEAVES

You are approved to take leave under one or more of the following leave entitlements:

___ **Leave under federal FMLA has been approved and all leave taken for this reason will be designated as federal FMLA leave.**

- Your annual federal leave entitlement will begin/began on *(date)* _____.
- Your federal FMLA leave will run concurrently with a worker’s compensation leave. ___ Yes ___ No
- Your spouse ___ *works/* ___ *does not work* for the State of Connecticut.
 - Spouse ___ *will/* ___ *will not* be taking leave for the same purpose.
- You are required to use your **paid sick leave accruals** if the absence is for **your own serious illness**.
 - ___ You have requested to use paid leave accruals during your leave. Any paid leave taken for this reason will count against your federal FMLA leave entitlement. *(See pages 6 and 7)*
- You are required to notify us as soon as practicable if the 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 federal FMLA 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 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 federal 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).

___ **Leave under C.G.S. 31-51kk has been approved and all leave taken for this reason will be designated as “state FMLA leave.”**

- Your annual state leave entitlement will begin/began on *(date)* _____.
- Your state FMLA leave will run concurrently with a worker’s compensation leave. ___ Yes ___ No
- Your spouse ___ *works/* ___ *does not work* for the State of Connecticut.
 - Spouse ___ *will/* ___ *will not* be taking leave for the same purpose.
- You are required to use your **paid sick leave accruals** if the absence is for **your own serious illness**.
 - ___ You have requested to use paid leave accruals during your leave. Any paid leave taken for this reason will count against your state FMLA leave entitlement. *(See pages 6 and 7)*
 - ___ You have elected to retain ___ days/weeks of accrued sick leave accruals up to a maximum of two weeks (applicable if leave is approved under state FMLA and you do not have other accruals available to use.)

- You are required to notify us as soon as practicable if the 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 federal FMLA 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 state FMLA leave entitlement:

_____ You may also be eligible for up to 2 additional weeks of leave for a serious health condition resulting in incapacitation that occurs during a pregnancy.

_____ 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 state 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).

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\_\_\_\_\_ **Leave under C.G.S. 46a-60(a)(7) leave has been approved and all leave taken for this reason will be designated as “pregnancy disability leave.”**

- Your pregnancy disability leave entitlement will begin/began on *(date)* \_\_\_\_\_.
- You are required to use your **paid sick leave accruals** during your pregnancy disability leave.
- You have requested to use paid leave accruals during your leave. Any paid leave taken for this reason will count against your pregnancy disability leave entitlement. *(See pages 6 and 7)*
- You are required to notify us as soon as practicable if the 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 pregnancy disability 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 leave entitlement:

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_____ **Leave under the 2017 SEBAC Agreement has been approved and all leave taken for this reason will be designated as “SEBAC Supplemental leave.”**

- Your SEBAC Supplemental leave will begin/began _____.
- You have requested to use paid leave accruals during your leave. Any paid leave taken for this reason will count against your SEBAC Supplemental leave entitlement. *(See pages 6 and 7)*
- You are required to notify us as soon as practicable if the 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 SEBAC Supplemental 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 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 SEBAC Supplemental 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).

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**\_\_\_\_\_ Additional Information Required:**

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**\_\_\_\_\_ Second/Third Opinion:**

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 date.

**PART C: LEAVE REQUESTS NOT APPROVED**

**\_\_\_\_\_ Federal FMLA leave is denied because:**

\_\_\_\_\_ The federal FMLA does not apply to your leave.

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\_\_\_\_\_ You have exhausted your federal FMLA leave entitlement in the applicable 12-month period.

**\_\_\_\_\_ State family/medical leave (C.G.S. 31-51kk) is denied because:**

\_\_\_\_\_ The state family/medical leave does not apply to your leave request.

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\_\_\_\_\_ You have exhausted your state family/medical leave entitlement in the applicable 12-month period.

**\_\_\_\_\_ Leave under C.G.S. 46a-60(a)(7) is denied because this statute does not apply to your leave request.**

**\_\_\_\_\_ SEBAC Supplemental Leave is denied because:**

\_\_\_\_\_ SEBAC Supplemental leave does not apply to your leave request.

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\_\_\_\_\_ You have exhausted your SEBAC Supplemental entitlement in the applicable two-year period.

**\_\_\_\_\_ Bone Marrow/Organ Donation Leave is denied because this statute does not apply to your leave request.**

**PART D: USE OF ACCRUALS**

- **The choice to use your accruals must be made before you begin your leave.**
  - If you want change your accrual designation, you must contact Human Resources.
  - Accrual changes will be applied prospectively.
- **If the reason for leave is for your own serious illness:**
  - Sick leave accruals must be used.
  - Sick leave accruals must be exhausted before other accruals can be used.
  - Under State FMLA, you may retain two weeks of accrued leave. If you do not have at least two weeks of accrued leave other than sick, you may retain the number of sick leave days that when combined with your other non-sick accrued leave time equals two weeks.
- **If you do not elect to use your accruals, the leave will be unpaid.**
- **If you choose not to use all of your accruals or if your accruals are exhausted before the leave ends, the remainder of the leave will be unpaid.**
- **If you elect to use your accruals, that paid time must be spent down completely before you go into unpaid status.**
- **You cannot intermingle unpaid time with paid time.**

**Based on the information you provided to date, your accruals will be used as follows:**

| USE OF ACCRUALS                                                                    | Sick Leave Accruals     | Vacation Accruals       | Personal Leave          | Comp Time Accruals      | Sick Family Days <i>(based on bargaining unit contract)</i> | Parental Days <i>(based on bargaining unit contract)</i> |
|------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| REASON                                                                             | Days/Hours & Priority # | Days/Hours & Priority # | Days/Hours & Priority # | Days/Hours & Priority # | Days/Hours & Priority #                                     | Days/Hours & Priority #                                  |
| <b>PERSONAL MEDICAL LEAVE</b>                                                      |                         |                         |                         |                         |                                                             |                                                          |
| My own illness or injury                                                           |                         |                         |                         |                         | <i>Not Applicable</i>                                       | <i>Not Applicable</i>                                    |
| Disability period related to my pregnancy & childbirth                             |                         |                         |                         |                         | <i>Not Applicable</i>                                       | <i>Not Applicable</i>                                    |
| Organ donation <i>(after exhaustion of paid leave entitlement of 15 days)</i>      |                         |                         |                         |                         | <i>Not Applicable</i>                                       | <i>Not Applicable</i>                                    |
| Bone marrow donation <i>(after exhaustion of paid leave entitlement of 7 days)</i> |                         |                         |                         |                         | <i>Not Applicable</i>                                       | <i>Not Applicable</i>                                    |

| USE OF ACCRUALS                                                                                                 | Sick Leave Accruals     | Vacation Accruals       | Personal Leave          | Comp Time Accruals      | Sick Family Days (based on bargaining unit contract) | Parental Days (based on bargaining unit contract) |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------------------------------------|---------------------------------------------------|
| REASON                                                                                                          | Days/Hours & Priority # | Days/Hours & Priority # | Days/Hours & Priority # | Days/Hours & Priority # | Days/Hours & Priority #                              | Days/Hours & Priority #                           |
| <b>CAREGIVER LEAVE</b>                                                                                          |                         |                         |                         |                         |                                                      |                                                   |
| Spouse (including providing care to your wife during the disability period associated pregnancy and childbirth) |                         |                         |                         |                         |                                                      | <i>Not Applicable</i>                             |
| Parent                                                                                                          |                         |                         |                         |                         |                                                      | <i>Not Applicable</i>                             |
| Parent-in-law                                                                                                   |                         |                         |                         |                         | <i>Not Applicable</i>                                | <i>Not Applicable</i>                             |
| Child                                                                                                           |                         |                         |                         |                         |                                                      | <i>Not Applicable</i>                             |
| Sibling                                                                                                         |                         |                         |                         |                         |                                                      | <i>Not Applicable</i>                             |
| Sibling-in-law                                                                                                  |                         |                         |                         |                         | <i>Not Applicable</i>                                | <i>Not Applicable</i>                             |
| Grandparent                                                                                                     |                         |                         |                         |                         | <i>Not Applicable</i>                                | <i>Not Applicable</i>                             |
| Spouse's Grandparent                                                                                            |                         |                         |                         |                         | <i>Not Applicable</i>                                | <i>Not Applicable</i>                             |
| Grandchild                                                                                                      |                         |                         |                         |                         | <i>Not Applicable</i>                                | <i>Not Applicable</i>                             |
| An individual related by blood or affinity is equivalent to a "family member"                                   |                         |                         |                         |                         | <i>Not Applicable</i>                                | <i>Not Applicable</i>                             |
| <b>BONDING LEAVE</b>                                                                                            |                         |                         |                         |                         |                                                      |                                                   |
| Birth of child                                                                                                  |                         |                         |                         |                         | <i>Not Applicable</i>                                |                                                   |
| Adoption of child                                                                                               |                         |                         |                         |                         | <i>Not Applicable</i>                                |                                                   |
| Placement of foster child                                                                                       |                         |                         |                         |                         | <i>Not Applicable</i>                                | <i>Not Applicable</i>                             |
| <b>MILITARY FAMILY LEAVE</b>                                                                                    |                         |                         |                         |                         |                                                      |                                                   |
| Military Caregiver - Covered Servicemember                                                                      |                         |                         |                         |                         |                                                      | <i>Not Applicable</i>                             |
| Military Caregiver - Covered Veteran                                                                            |                         |                         |                         |                         |                                                      | <i>Not Applicable</i>                             |
| Qualifying Exigency leave                                                                                       |                         |                         |                         |                         | <i>Not Applicable</i>                                | <i>Not Applicable</i>                             |

**See Form FMLA-HR2c for more information about coding your time.**

*This form provided by the Department of Administrative Services*