



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:

Table with 2 columns: Personal Medical Leave (for your own serious health condition), 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), Bonding Leave, and Military Family Leave.

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).

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\_\_\_ **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:

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\_\_\_\_\_ 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:

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\_\_\_\_\_ 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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\_\_\_\_\_ **Bone Marrow or Organ Donation leave has been approved.** (Available after January 1, 2018)

- Your bone marrow or organ donation leave entitlement will begin/began on (date) \_\_\_\_\_ and will end on \_\_\_\_\_.
- You must notify us as soon as practicable if the dates of scheduled leave change or are extended or were initially unknown.



\_\_\_\_\_ **Fitness for Duty: You will be required to return page 4 of the Medical Certificate (Form P33a)**

certifying your fitness-for-duty prior to being 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.

**Note:** *Failure to return to work at the end of your leave period may be treated as a resignation unless an extension has been requested, agreed upon and approved in writing by Human Resources.*

**PART B: ADDITIONAL INFORMATION REQUIRED**

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

You must provide the following information no later than \_\_\_\_\_ (provide at least 7 calendar days), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied

\_\_\_\_\_ **Incomplete/Insufficient Certification** (The certification you have provided is **incomplete or insufficient** to determine whether your leave request can be approved.)

Specific information needed to make the certificate complete and sufficient:

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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*