



FMLA DESIGNATION NOTICE

APPROVED

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown.

You will be required to present documentation from your doctor, including any applicable restrictions, in order 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 --or-- is not attached. If attached, the doctor's note must address your ability to perform these functions.

PENDING

The certification you have provided is **not** complete and **not** sufficient to determine whether the FMLA applies to your leave request. You must provide the following information within seven (7) days, no later than _____, unless 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)

DENIED

___ The duration of the leave request exceeds the maximum time allowable under Archdiocesan policy.

___ You will not have been employed by the Archdiocese of Chicago for at least one year at the time your leave would begin.

___ You will not have worked 1250 hours in the 12 months preceding the date your leave would begin.

___ The reason for the request is not covered under FMLA.

___ Other: _____

(Specify information needed)

FOR PARISHES/SCHOOLS

Pastor/Administrator/Principal

Date

FOR PASTORAL CENTER DEPARTMENTS AND AGENCIES ONLY*

Director, Human Resources

Date

**Pastoral Center Department and Agencies Directors must also complete a Personnel Change Form. Call Human Resources at (312)534-5360 for further information.*