



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

To: _____ Date: _____
(Employee's Name)

From: _____ Phone: _____ Dept: _____
(Name of Dept. Representative)

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:

- Your leave request is approved and all leave taken for this reason will be designated as:**
- | | |
|---|--|
| <input type="checkbox"/> FMLA leave only | <input type="checkbox"/> PDL and FMLA leave |
| <input type="checkbox"/> CFRA leave only | <input type="checkbox"/> PDL leave only |
| <input type="checkbox"/> FMLA and CFRA leave | |

The FMLA/CFRA/PDL requires that you notify us as soon as practicable if dates of scheduled leave changes 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/PDL 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).

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.
- 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.
- Additional information is needed to determine if your FMLA/CFRA/PDL 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 the current date), unless it 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)

- 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.
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- Your FMLA and/or CFRA leave request is not approved for the following reason(s):

- Neither FMLA nor CFRA apply to your leave request.
- FMLA does not apply to your leave request.
- CFRA does not apply to your leave request.
- You have exhausted your FMLA/CFRA leave entitlement in the applicable 12-month period.
- You have not yet qualified for FMLA/CFRA entitlement.