



**FMLA LEAVE DESIGNATION NOTICE
BIRTH/PLACEMENT FOR ADOPTION OR
FOSTER CARE/ BONDING**

DATE: _____

Employee 10-digit ID: _____

TO:

FROM: _____
College or Department Name

College or Department Number

Dear _____,

We have reviewed your request for leave due to birth/adoption/foster care and any supporting documentation that you have provided. We received your most recent information on _____ and determined:

Your FMLA Leave request is approved. The effective date is based upon your expected delivery or placement date. The ultimate effective date of your leave will depend on your actual delivery or placement date. All leave taken for this reason will be designated as FMLA leave, not to exceed the number of weeks that remain available in the applicable 12-month period. If applicable, you have already used _____ weeks of FMLA leave in the current 12 month period.

Your leave has been designated as:

Continuous: Begin Date _____

Return to Work Date: _____

Intermittent: Begin Date: _____

Through Date: _____

Details:

- 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: _____ and your leave will end on _____. The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown.
- If the leave you need will be unscheduled or intermittent, it is not possible to provide the hours, days or weeks that will be counted against your 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).

Responsibilities

- If you are eligible for and choose to receive Parental Leave Benefits, they must be coordinated with any ASU short-term disability coverage you carry so that your total salary compensation equals 100%. (Parental Leave Benefits will be reduced by the amount of short-term disability whether or not a STD claim is filed.)
- If you are not eligible for, declined or have exhausted Parental Leave Benefits, you will be required to use your available paid sick leave. Upon exhaustion of your sick leave accruals, if you are an hourly employee with a compensatory time accrual balance, you will be required to use that time. Upon the exhaustion of any

sick and compensatory time, you may choose to use accrued vacation hours during your FMLA absence. All days during the 12-week period, paid or unpaid, will be considered protected FMLA leave and counted against your FMLA leave entitlement.

- You will be required to present a Release to Return to Work to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. The Release to Return to Work must address your ability to perform the essential functions of the job.

Benefits

- You are eligible to receive paid Parental Leave benefits under university policy SPP 708 or ACD 710 for the 6-week period immediately following the birth or adoption of your child. This paid leave runs concurrently with your FMLA leave. After you exhaust paid Parental FMLA Leave on _____, the remaining number of hours, days, or weeks of your absence will be counted against your remaining FMLA leave entitlement and this portion of the leave will be unpaid unless you apply accrued sick, compensatory or vacation hours to remain in pay status.
- While on leave, you may choose to continue your health benefits:
 - FMLA (paid): The employee portion of the premiums will be deducted from your check as usual.
 - FMLA (unpaid): You will be billed for the employee portion of the premiums.
 - Non-FMLA (paid): The employee portion of the premiums will be deducted from your check as usual.
 - Non-FMLA (unpaid): You will be billed for both the employee and ASU portions of premiums.

When you are billed, you have a minimum 30-day grace period in which to make payment. If payment is not made timely, your benefits will be cancelled 15 calendar days after the date of your Notice of Cancellation, retroactive to the last day of the pay period for which coverage had been paid.

- You may be required to reimburse ASU for the employer's share of health insurance premiums paid on your behalf during your leave if you do not return to work following the leave, other than for the following reasons:
 - 1) The continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave;
 - 2) The continuation, recurrence, or onset of a family member's serious injury or illness which would entitle you to FMLA leave, or
 - 3) Other circumstances beyond your control.
- If you are the birth mother and have short-term disability coverage under ASU's benefit plan, you must contact Employee Services or Faculty Services and ask to speak with a Disability & Leaves Program Management representative in order to initiate the application process. Short-term disability benefits **must** be coordinated with Parental Leave benefits so that your total salary compensation equals 100%. (Parental Leave will be reduced by the amount of short-term disability whether or not a claim is filed.)
- You have **30 calendar days** from birth or placement to enroll your child(ren) in health benefits by completing the **Benefits Enrollment/Change Form** located in the HR Forms section of the Human Resources Web site. Failure to do so will forfeit this option until the next Open Enrollment or you have another qualified life event.
- If you have the Health Care or Limited Health Care Flexible Spending Accounts (FSA), it may be continued while on a leave without pay by making payments directly to ASU on an after-tax basis. By doing this, you will have access to your account. Please contact HR to make arrangements.

A Dependent Care FSA {also known as Child/Adult Day Care FSA} cannot be continued while you are in an unpaid status.

Within **30 calendar days** of returning to work, you must complete the **Benefits Enrollment/Change Form** to re-enroll in the medical and/or dependent accounts; otherwise this benefit will cease for the remainder of the calendar year.

- If you go to an unpaid status during the non-FMLA portion of your leave, it is a qualified event that allows you to make changes to your benefit plans. You have **30 calendar days** from the event date to submit benefits changes by completing the **Benefits Enrollment/Change Form** located in the HR Forms section of the Human Resources Web site. Please contact Employee Services at 855.278.5081 or Faculty Services at 480.727.9900 if you have questions.

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 applies to your leave request. You must provide the following information no later than _____ unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

- 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.

Your request for FMLA leave is not approved.

If you have any questions, contact your department leave representative _____ at (_____) _____.

- Enclosures:
- FMLA Certification of Health Care Provider
 - Health Care Provider Release to Return to Work
 - Benefits Enrollment/Change Form
 - _____
 - _____

CC: <Employee Supervisor>