

DEPARTMENT REVIEW

Department FMLA Leave Administrator to complete appropriate sections.

Your Request for FMLA Leave is approved.

Your Request for FMLA Leave as indicated on your certification is approved for the following period of time:

According to the certification, the duration and frequency that is authorized for time away from work is:

Please note that should your need for time off exceed the frequency or duration shown above, or extend beyond the approval period, you will need to provide another certification.

Additional information is needed.

Please provide the information requested below no later than _____ (at least 7 calendar days) unless it is not practical under the particular circumstances or leave may be denied. The certification you have provided is not complete and sufficient to determine eligibility for FMLA. Please provide the following information:

Other:

Your Request for FMLA is not approved because:

- You have not met the FMLA service requirement.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period.
- Your request for leave is not covered by the Federal FMLA and/or Wisconsin FMLA. *Comment:*

 Other:

Other Information:

- 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.
- You will be required to present a release-to-duty certification from your health care provider to be restored to employment. A list of the essential functions of your job **is** **is not** attached. If attached, the release-to-duty certification must address your ability to perform these functions. If such certification is not received in a timely manner, your return to work may be delayed until certification is provided.

Approving Officer's Signature (leave administrator)

Approving Officer's Title

Date

Copy to Employee
Supervisor:

Employee Supervisor Name

Employee Supervisor Title

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee Name: _____

Date: _____

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