



Mashantucket Pequot
Tribal Nation

MASHANTUCKET EMPLOYMENT RIGHTS OFFICE (MERO)

Designation Notice

For leave under Title 51, the Mashantucket Pequot Family and Medical Leave Law (MFML Law)

Leave covered under the Mashantucket Pequot Family and Medical Leave Law (MFML Law) must be designated as MFML-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's leave entitlement under the MFML Law. While use of this form is optional, a fully completed Designation Notice provides an employee with the information required by the MFML Law, which must be provided within five (5) business days of the employer having enough information to determine whether the leave is for an MFML Law-qualifying reason. Additional information about the MFML Law may be found at MERO.mptn-nsn.gov.

Leave under the MFML Law may be referred to on this form as "MFML" or "leave."

SECTION I – EMPLOYER

The employer is responsible in all circumstances for designating leave as MFML Law qualifying and giving notice to the employee. Once an eligible employee communicates a need to take leave for an MFML Law-qualifying reason, an employer may not delay designating such leave as MFML Law leave, and neither the employer nor the employee may decline MFML Law protection for that leave.

TO (*Employee*)

Employee No.

FROM (*Employer*)

Date (mm/dd/yyyy)

On _____ (mm/dd/yyyy), we received your most recent information to support your need for leave for the following reason:

- For the birth of a child, or placement of a child with you for adoption or foster care.
- To bond with a newborn or newly placed child.
- For your own serious health condition.
- You are needed to care for your family member who has a serious health condition.
- To donate a human organ or bone marrow.
- For a qualifying exigency arising out of the fact that your family member in the U.S. Armed Forces has been notified of an impending covered active duty deployment to a foreign country.
- You are a family member or next of kin needed to care for a covered current or veteran servicemember with a serious injury or illness (Military Caregiver Leave).

We have reviewed information related to your need for leave under the MFML Law along with any supporting documentation provided and decided that your request for leave under the MFML Law:

IS APPROVED. All leave taken for this reason will be designated as leave under the MFML Law. Please go to Section III for more information.

IS NOT APPROVED, because:

- The MFML Law does not apply to your leave request.
- As of the date the leave is to start, you do not have enough leave under the MFML Law available to use.
- Other (*explain*): _____

REQUIRES THE SUBMISSION OF ADDITIONAL INFORMATION to determine if your request qualifies as leave under the MFML Law. Please go to Section II for the specific information needed.

SECTION II – ADDITIONAL INFORMATION NEEDED

We need additional information to determine whether your leave request qualifies under the MFML Law. Once we obtain the additional information requested, we will inform you within five (5) business days if your leave will or will not be designated as leave under the MFML Law and count towards the amount of leave under the MFML Law that you have available.

Failure to provide the additional requested information may result in denial of your request for leave under the MFML Law.

Incomplete or Insufficient Certification

In order to determine whether certain leave is covered under the MFML Law, the employer may request that the leave be supported by a certification. A certification may not be requested for leave under the MFML Law to bond with a healthy newborn child or a child placed for adoption of foster care.

If a requested certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. The certification you have provided is incomplete and/or insufficient to determine whether the MFML Law applies to your leave request.

The certification provided is incomplete and we are unable to determine whether the MFML Law applies to your leave request. "Incomplete" means one or more of the applicable entries on the certification have not been completed.

The certification provided is insufficient to determine whether the MFML Law applies to your leave request. "Insufficient" means the information provided is vague, unclear, ambiguous or non-responsive.

The information needed to make the certification complete and/or sufficient is (*specify*):

You must provide the requested information no later than _____ (mm/dd/yyyy). You must be provided at least seven (7) calendar days to provide the requested information. If it is not practicable under the particular circumstances despite your diligent good faith efforts to provide the requested information by the date indicated and you need more time, contact the individual identified above before the deadline to request more time. If the information is not provided by the deadline or an approved extended deadline, your leave may be denied.

Second and Third Opinions

We request that you obtain a second third opinion medical certification at our expense, and we will provide further details at a later time. *Note: The employee or the employee's family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issue.*

IF YOU HAVE QUESTIONS OR WISH TO REQUEST MORE TIME TO RESPOND, PLEASE CONTACT (*insert name and contact information*):

SECTION III – APPROVED LEAVE UNDER THE MFML LAW

As explained in Section I, your request for leave under the MFML Law is approved. All leave taken for this reason will be designated as leave under the MFML Law and will count against the amount of leave under the MFML Law that you have available to use in the applicable 12-month period. The MFML Law requires that you notify us as soon as practicable if the dates of scheduled leave change, 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 the total amount of leave under the MFML Law that you have available to use in the applicable 12-month period:

- Provided there is no change from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your MFML 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 MFML 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 all that apply)*

- Some or all of your leave will not be paid. Any unpaid MFML taken will be designated as MFML and counted against the amount of leave you have available to use in the applicable 12-month period.
- Based on your request, some or all of your available paid leave (e.g., sick, vacation, PTO) will be used during your MFML leave. Any paid leave taken for this reason will also be designated as MFML and counted against the amount of leave you have available to use in the applicable 12-month period.
- We are requiring you to use your available paid leave, subject to your right to retain up to two (2) weeks of available accrued paid leave. Any paid leave taken for this reason will also be designated as MFML and counted against the amount of leave you have available to use in the applicable 12-month period.
- Other: _____ (e.g., Short- or long-term disability, workers' compensation, etc.) Any time taken for this reason will also be designated as MFML and counted against the amount of leave you have available to use in the applicable 12-month period.

You have the right to retain up to two (2) weeks of accrued paid leave. You have elected to retain _____ of accrued, paid leave. We have the right to determine what type of accrued paid leave you may retain. We require that you retain the following type of paid leave, if it is accrued: _____

Return-to-Work Requirements (if leave is taken for your own serious health condition)

To be restored to work after taking leave under the MFML Law, you will be will not be required to provide a fitness-for-duty certification from your health care provider that you are able to resume work. A request for a fitness-for-duty certification is only with regard to the particular serious health condition that caused your need for MFML. **If you are required to provide a fitness for duty certification and it is not timely received by the employer, your return to work may be delayed until the certification is provided.**

A list of the essential functions of your position or a job description for your position is is not attached. If attached, the list of essential job functions must be provided to your health care provider and the fitness-for-duty certification must address your ability to perform the essential job functions.

QUESTIONS? Please contact *(insert name and contact information):*

Note to Employer: Do not submit the completed form to the MERO. Provide the completed form to the employee.