

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
DESIGNATION NOTICE**

Date: _____

Name: _____

Payee ID: _____

Address: _____

Leave Began: _____

City State Zip: _____

We have received your request for leave under the Family and Medical Leave Act (FMLA) and supporting documentation that you provided on _____ and decided: _____ Your family medical leave (FML) request is approved. All leave taken for this reason will be designated as FMLA leave.

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 not deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave 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 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.

PLEASE BE ADVISED:

We are requiring you to use paid leave during your FML, unless you have chosen to freeze your time in relation to a workers' compensation claim or you are currently receiving disability income benefits. Any paid leave taken for this reason will count against your FML entitlement.

If you have been on leave for more than three consecutive workdays due to your own injury or illness, you must provide a release to return to work to your supervisor.

If your leave will be on an intermittent or a reduced leave schedule, you may be required to provide a release at times not described above.

_____ Your FML request is denied.
_____ The FMLA does not apply to your leave request.
_____ Your FML entitlement was exhausted as of: _____

HUMAN RESOURCES REPRESENTATIVE:

Name: _____ Phone Number: _____

Signature: _____ Signature Date: _____

Date Mailed: _____ HR Rep Initials

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Copy: Unit or Department Medical File