

**GLENN COUNTY
LEAVE OF ABSENCE DESIGNATION NOTICE**

Employee Name: _____ Date: _____

Department: _____ Phone Number: _____

On _____ your request for a leave of absence was preliminarily designated as a _____ leave pending receipt of a medical certification to clarify eligibility. A review of your request, along with the supporting documentation has been performed, and a determination has been made. The following notification shall be considered approval, as well as confirmation of your request. Approved leave of absences qualifying under the designated statutes, will be counted against eligible entitlements remaining for this fiscal year.

1. Your leave of absence request has been approved as:

- Continuous
- Intermittent
- Reduced Schedule

2. All leave taken for this reason will be designated as:

- FMLA/CFRA
- CFRA Only
- FMLA/PDL
- PDL
- Military Caregiver Leave
- Other _____

3. Leave will begin on _____ and conclude on _____.

4. Provided there is no deviation from your anticipated leave schedule, the following number of weeks, days, or hours will be counted against your leave entitlements for this fiscal year (if leave is intermittent, proceed to #5):

_____ Weeks

_____ Days

_____ Hours

5. As of the date this leave commences, you will have _____ hours of remaining entitlements. **If applicable:** You previously utilized _____ entitlements this fiscal year

You will be required to present a completed Return to Work form in order to return to work. If not returned timely, your return to work may be delayed until this completed form is provided. For additional information, please reference the preliminary letter notice regarding your rights, benefits, and job protections.

Signature of Leave Coordinator: _____ Date: _____

cc: Personnel Office
Department Medical File