



**DISPOSITION OF REQUEST** *(continued)*

**(1) Approved** *(continued)*

\_\_\_\_\_ Your spouse \_\_\_\_\_ works/\_\_\_\_\_ does not work for the State. If yes, list agency \_\_\_\_\_.  
He/she \_\_\_\_\_ will/\_\_\_\_\_ will not be taking leave for the same purpose.

\_\_\_\_\_ Because the FMLA leave you will need within this time period is indeterminate, 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 no more than once in a 30-day period (if leave was taken in the 30-day period).

\_\_\_\_\_ We are requiring you to use your **paid sick leave accruals** if for **your own serious illness**:  
\_\_\_\_\_ days / \_\_\_\_\_ hours.

\_\_\_\_\_ You have requested to use paid leave accruals during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement. *(See pages 3 and 4)*

\_\_\_\_\_ **State family/medical leave [C.G.S. 5-248a] has been approved:**

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 state leave entitlement. *(See pages 3 and 4)*

Dates: *From* \_\_\_\_\_ *To* \_\_\_\_\_

\_\_\_\_\_ **Fitness for Duty: You will be required to return page 4 of the Medical Certificate (Form P33a)** certifying your fitness-for-duty prior to being restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided.

A list of the essential functions of your position \_\_\_\_\_ is \_\_\_\_\_ is not attached.  
If attached, the fitness-for-duty certification must address your ability to perform these functions.

**Note:** *Failure to return to work at the end of your leave period may be treated as a resignation unless an extension has been requested, agreed upon and approved in writing by the agency.*

**(2) Additional information is needed to determine if your federal FMLA leave and/or state family/medical leave can be approved.**

\_\_\_\_\_ **Incomplete/Insufficient Certification:**

The certification you have provided is **incomplete or insufficient** to determine whether federal FMLA and/or state family/medical leave applies to your leave request.

You must provide the following information no later than \_\_\_\_\_, unless it is not  
(provide at least 7 calendar days)

practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

Specific info needed to make the certificate complete and sufficient:

**DISPOSITION OF REQUEST** *(continued)*

\_\_\_\_\_ **Second/Third Opinion:**

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 date.

**(3) Denied**

\_\_\_\_\_ **Federal FMLA leave is denied because:**

\_\_\_\_\_ The federal FMLA does not apply to your leave.

\_\_\_\_\_ You have exhausted your federal FMLA leave entitlement in the applicable 12-month period.

\_\_\_\_\_ **State family/medical leave (C.G.S. 5-248a) is denied because:**

\_\_\_\_\_ The state family/medical leave does not apply to your leave request.

\_\_\_\_\_ You have exhausted your state family/medical leave entitlement in the applicable two-year period.

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**USE OF ACCRUALS:**

- **The choice to substitute your accruals must be made before you begin your leave.**
  - **If you want change your accrual designation, you must contact Human Resources.**
  - **Any changes will be applied prospectively.**
- **If the reason for leave is for your own serious illness:**
  - **Sick leave accruals must be used.**
  - **Sick leave accruals must be exhausted before other earned accruals can be used.**
- **If you do not elect to substitute your accruals, the leave will be unpaid.**
- **If you choose not to use all of your accruals or if your accruals are exhausted before the leave ends, the remainder of the leave will be unpaid.**
- **All designated paid time is spent down completely before you go into unpaid status.**
- **You cannot intermingle unpaid time with paid time.**

**Based on the information you provided to date, your accruals will be allocated as follows:**

<b>USE OF ACCRUALS</b>	<b>Sick Accruals</b>	<b>Vacation Accruals</b>	<b>Personal Leave</b>	<b>Comp Time Accruals</b>	<b>Sick Family Days</b> <i>(based on bargaining unit contract)</i>	<b>Parental Days</b> <i>(based on bargaining unit contract)</i>
<b>REASON</b>	<b>Days/Hours</b>	<b>Days/Hours</b>	<b>Days/Hours</b>	<b>Days/Hours</b>	<b>Days/Hours</b>	<b>Days/Hours</b>
Birth of Child – Biological Mother					Not Applicable <i>(unless child is sick)</i>	
Birth of Child – Married Other Parent	Not Applicable				<i>(To care for biological mother and/or sick child)</i>	
Birth of Child – Unmarried Other Parent	Not Applicable				Not Applicable <i>(unless child is sick)</i>	
Adoption	Not Applicable				Not Applicable <i>(unless child is sick)</i>	
Placement of a Foster Child	Not Applicable				Not Applicable <i>(unless child is sick)</i>	Not Applicable
Employee’s Own Serious Health Condition/Serious Illness					Not Applicable	Not Applicable
Serious Health/Serious Illness of Spouse, Child, Parent	Not Applicable					Not Applicable
Organ or Bone Marrow Donor					Not Applicable	Not Applicable
Military Family Leave: Caregiver - Covered Serious Injury/Illness of a Covered Servicemember or a Covered Veteran	Not Applicable					Not Applicable
Military Family Leave: Qualifying Exigency	Not Applicable				Not Applicable	Not Applicable