

**Texas Department of Criminal Justice
Designation Notice**

Employee Name				Date
Last	First	MI		(mm/dd/yyyy)
Employee Mailing Address				Month/Day of Birth
Street or P.O. Box	City	State	Zip Code	(mm/dd)

We have received your request for leave under the *Family Medical Leave Act* (FMLA) and any supporting documentation that you have provided.

We received your most recent information on _____ and decided:

Your family medical leave (FML) request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. You are also required to notify us of all FML taken by a spouse that is also employed by TDCJ. 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 (check if applicable):

You have requested to use paid leave during your FML. Any paid leave taken for this reason will count against your FML entitlement.

We are requiring you to substitute or use paid leave during your FML.

Your FML request is not approved.

The FMLA does not apply to your leave request.

Your FML entitlement was exhausted as of : _____

HUMAN RESOURCES REPRESENTATIVE:

Name: _____ Phone Number: _____
(Please Print)

Signature: _____ Signature Date: _____
mm/dd/yyyy

Mail Date: _____
mm/dd/yyyy

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