

# TOWN OF BOOTHBAY

## DESIGNATION NOTICE FOR PROTECTED LEAVE

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*If you have questions about protected leave under the Maine Family Medical Leave (MFML) statutes, contact the Town Manager or consult the information in the Personnel Policies Manual.*

To:

Date:

From:

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**We have reviewed your request for leave under the Maine Family Medical Leave (MFML) statutes and we reviewed any supporting documentation you provided. We received your most recent information on \_\_\_\_\_ and decided:**

- Your protected leave request under MFML is **not approved**
  - Your protected leave request does not apply under MFML
  - You have exhausted your MFML entitlement for protected leave in the most recent 24-month period
  - Your protected leave request under MFML **is approved**. All leave taken for this reason will be designated as MFML protected leave.
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**You must notify us as soon as possible if your dates of scheduled leave change or 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 your leave entitlement:**

- Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement:  
Your expected to return to work date is \_\_\_\_\_.
- Because the protected leave you need will be unscheduled, it is not possible to provide the hours, days or weeks that will be counted against your protected leave 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 available paid leave during your protected leave and that paid leave will count against your protected leave entitlement.
  - You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not received on a timely basis, your return to work may be delayed until certification is provided. A list of the essential functions of your position  is  is not attached.
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**Additional information is needed to determine if your FMLA leave request can be approved:**

- The medical certification you have provided is not sufficient to determine whether MFML laws apply to your protected leave request. You must provide the following information no later than \_\_\_\_\_ or your leave may be denied, unless it is not practicable under the particular circumstances despite your diligent good faith efforts. The information needed to make your medical certification complete and sufficient includes:
    - \_\_\_\_\_
    - \_\_\_\_\_
  - 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 time.
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