

(INSERT DEPARTMENT LETTERHEAD)

(DATE)

CONFIDENTIAL – (SENT VIA EMAIL or HAND-DELIVERED) – Choose one

(EMPLOYEE FULL NAME)

(UIN)

(EMPLOYEE CLASSIFICATION)

(COLLEGE/UNIT)

Denial – Not a Qualified Relationship

Dear **(EMPLOYEE NAME)**:

We have received your request for Family and Medical Leave for a **(PERSON'S RELATIONSHIP TO THE EMPLOYEE)**; however, a **(SAME AS ABOVE)** is not a relationship covered by FMLA. Therefore, you are not eligible for FMLA leave.

Please contact the **(DEPARTMENT)** Human Resources department at **(PHONE NUMBER)** with questions and for further information regarding your eligibility for Family and Medical Leave.

Sincerely,

(FULL NAME)

(CLASSIFICATION)

Enclosure: Employee Resource List

c: **(EMPLOYEE'S SUPERVISOR)**
Department Medical File

Note: Please contact Illinois Human Resources-Labor and Employee Relations before issuing this letter to the employee