

(INSERT DEPARTMENT LETTERHEAD)

(DATE)

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

(EMPLOYEE FULL NAME)

(UIN)

(EMPLOYEE CLASSIFICATION)

(COLLEGE/UNIT)

Denial - Employee

Dear **(EMPLOYEE NAME)**:

Attached is a copy of the Family and Medical Leave Form submitted on your behalf. The **(DEPARTMENT NAME)** has verified that the medical certification you submitted does not support the type of leave requested. Therefore, at this time, 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)

Enclosures: Employee Resource List

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

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