

(INSERT DEPARTMENT LETTERHEAD)

(DATE)

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

(EMPLOYEE FULL NAME)

(UIN)

(EMPLOYEE CLASSIFICATION)

(COLLEGE/UNIT)

Leave Time Designated as FMLA

Dear **(EMPLOYEE NAME)**:

This letter is written to inform you that your absence, beginning **(MONTH DAY, YEAR)**, due to **(REASON)** is being designated as FMLA Leave. Under the Family & Medical Leave Act, employees are entitled to 12-weeks of leave (paid or unpaid) for a qualifying reason. Please be aware that any workers' compensation, parental leave, reasonable accommodations leave, and/or disability leave will also count against your 12-week FMLA entitlement.

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