

**(INSERT DEPARTMENT LETTERHEAD)**

**(DATE)**

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

**(EMPLOYEE FULL NAME)**

**(UIN)**

**(EMPLOYEE CLASSIFICATION)**

**(COLLEGE/UNIT)**

**Provisional Leave Time for Potential Serious Health Condition - Employee**

Dear **(EMPLOYEE NAME)**:

*(Note: This paragraph is an example only and should be updated for the specific situation.)*  
*Over the past several months we have discussed a problem with your attendance. You are frequently late to work, and you are absent for whole days without prior approval. Based on medical documentation that you submitted to the department in September of this year, we believe you may have a serious health condition that would qualify under the Family and Medical Leave Act.*

Enclosed are the FMLA application and medical certification to determine if your absences qualify under the FMLA. Please complete the application portion of these documents and ask your health care provider to complete the medical certification form. Then, return all documents to me by **(MONTH DAY, YEAR)**. Failure to return the forms by this date may result in a delay or denial of the leave.

You are hereby granted provisional approval for any absences from today forward that are related to your potential serious health condition. You will receive notification regarding the department's final determination of your eligibility for FMLA following your submission of the completed FMLA papers.

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: FMLA Application  
Employee Resource List*

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