

(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)**:

On **(MONTH DAY, YEAR)**, you communicated to me that you were having surgery for a serious health condition (*Note: The preceding language is an example and should be changed to fit the specific situation.*). Enclosed are the FMLA application and medical certification to certify that your absence qualifies under the FMLA. 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 your absence beginning **(MONTH DAY, YEAR)**. 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