Employer Response to Employee Request for Family and Medical Leave

Date: _____

To: _____
(Employee's Name)

From: _____
(Name of appropriate employer representative)

Subject: Request for Family/Medical Leave

On _____ , you notified us of your need to take family/medical leave due to:
(date)

☐ The birth of your child, or the placement of a child with you for adoption or foster care, or

☐ A serious health condition that makes you unable to perform the essential functions of your job; or

☐ A serious health condition affecting your __ spouse, ___ child, __ parent for which you are needed to provide care for.

You notified us that you need this leave beginning _____*(insert date)* and that you expect leave to continue until on or about _____.
(date)

Except as explained below, you have right under the FMLA for up to 6 months of unpaid leave in a 12- month period for the reasons listed (that the first 3 months are nondiscretionary, the second 3 months are discretionary). Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

This is to inform you that: (check appropriate boxes, explain where indicated)

1. You are __ eligible __ not eligible for leave under the Family and Medical Leave Policies.

2. The requested leave ___ will __ will not be counted against your annual Family and Medical leave entitlement.

3. You ___ will ___ will not be required to furnish medical certification of a serious health conditions. If required, you must furnish certification by _____*(insert date)* (must be at least 15 days after you are notified of this requirement) or we may delay the commencement of your leave until the certification is submitted.