

Employer Response to Employee Request for Family and Medical Leave



Date: _____

To: _____
(Employee's Name)

From: _____
(Supervisor's Name/Position Title)

Subject: Request for Family and Medical Leave

On _____, you notified me 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 me 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 FML 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. You will be required to furnish medical certification of a serious health condition. You must furnish certification by _____ (insert date) (must be at least 15 calendar days after you are notified of this requirement).