

**Date:** \_\_\_\_\_

**Re: Notice of Need for Potential FMLA Leave**

Dear Mr/Ms. \_\_\_\_\_,

This letter is in response to your recent request for leave that may qualify under the Family and Medical Leave Act of 1993 ("FMLA"). Please be advised that you meet the FMLA eligibility requirements and have FMLA leave available to you in the applicable twelve (12) month period. I have enclosed a Notice of Eligibility and Rights & Responsibilities (DOL Form WH-381) that explains your rights and obligations under the FMLA.

In order to determine whether your time off will qualify as FMLA covered leave, you will need to return the enclosed certification form DOL WH 380 to my attention no later than 15 days from when you sent. Please send your completed certification form by mail to my attention at: \_\_\_\_\_.

If you fail to return a completed certification form to me in a timely manner, it may result in a delay or denial of your request for FMLA leave.

If your time off qualifies as FMLA leave, your health benefits, if applicable, will be maintained while you are on FMLA leave under the same conditions as if you had continued to work. You will be responsible for continuing to pay your portion of the insurance premium while you are out on leave. Premiums are due to me prior to the first work day of each month. If the payment is not received in a timely manner, your benefits may be terminated for the duration of your leave period, provided we notify you in writing at least 15 days before the date your health coverage will lapse. The payment must be made out to \_\_\_\_\_ and mailed to me at the address listed above.

If you will be using any paid time off concurrently with your FMLA leave, then all regular payroll deductions will be made throughout the course of your approved leave period.

If you do not return to work on, or within three (3) days of, the return date stated in the certification form, then you will be considered to have resigned from your position with \_\_\_\_\_ and your employment will be terminated.

Please note that, if your leave qualifies as approved FMLA leave, then your position with \_\_\_\_\_ will remain protected throughout the course of the approved leave period.

***\*\*\*Please initial the enclosed copy of this letter to acknowledge that you understand your obligation with regard to this process and return it with your paperwork.***

