

**Employee Letter: FMLA Designation Notice (Assuming Certifications Returned)**

**Re: Determination/Designation of FMLA Leave**

Dear \_\_\_\_\_:

Please be advised that your request for FMLA leave **has been approved/is not approved**. [FMLA covered leave will be provided to you pursuant to the terms set forth in the enclosed Designation Notice.] **or** [Your request for FMLA covered leave has been denied for the reasons provided in the enclosed Designation Notice.]

**[AS APPLICABLE—if leave is approved]**

Your approved FMLA leave period will run **[continuously/intermittently/or a reduced schedule basis]** from \_\_\_\_\_ until \_\_\_\_\_. Your scheduled return to work date is \_\_\_\_\_.

Please also remember to review and follow the requirements set forth in the Notice of Eligibility and Rights and Responsibilities that was provided to you on \_\_\_\_\_.

You have \_\_\_ sick days and \_\_\_ vacation days which will run concurrently with your FML.

While on Family and Medical Leave, your benefits are being maintained at the same level as though you were on active status. During the period of paid leave, the contribution for your benefits will continue to be deducted from your pay.

However, once on unpaid status, you must remit the amount of your benefit contribution. Currently you are enrolled in \_\_\_\_\_ (type of coverage) (\$ per month), \_\_\_\_\_ (type of coverage) (\$ per month) and \_\_\_\_\_ (type of coverage) (\$ per month). Please mail a check payable to (parish name and address) in the following amount by the date listed:

**\$ by \_\_\_\_\_ (first of month)**

**\$ by \_\_\_\_\_ (first of month)**

A Physician Statement is enclosed for your use. It should be completed once your physician has released you from his/her care. Please do not hesitate to contact me if you have any questions regarding this letter or your leave 215-587-3910.

If you have additional questions, please don't hesitate to contact me directly at \_\_\_\_\_.

Thank you,

