Dear [EMPLOYEE]:

Based on information received by [HUMAN RESOURCES] it has been determined that you may be in need of/entitled to leave under the Family and Medical Leave Act (FMLA).

Attached to this letter are a Notice of Eligibility and Rights and Responsibilities and a Certification of Health Care Provider. The Notice of Eligibility and Rights and Responsibilities provides that, based on the size of our company, the length of time you have been employed, and the number of hours you have worked in the past 12 months, you have met the basic eligibility requirements for FMLA leave. The Notice of Eligibility and Rights and Responsibilities also explains your FMLA rights and what you will need to do to have your leave covered by FMLA. The Notice of Eligibility and Rights and Responsibilities does NOT mean that your leave is now being covered by FMLA.

Before we can officially designate leave as FMLA leave, we will need to receive the completed Certification of Health Care Provider. Take the attached form to [YOUR/YOUR FAMILY MEMBER’S] health care provider. Have the health care provider complete the form and return the completed form to [HUMAN RESOURCES] within 15 days.

Once we have received the Certification of Health Care Provider we will determine whether to designate your requested leave as FMLA leave. You will then receive a Designation Notice which will inform you whether your requested leave has been approved as FMLA leave.

If we do not receive the Certification of Health Care Provider in a timely manner, if we receive a Certification of Health Care Provider that is incomplete, vague, illegible, or if we have reason to doubt the authenticity of the Certification of Health Care Provider, your FMLA leave may be delayed or denied.

If you have any questions about your rights to FMLA leave, or what steps you need to take to have your leave covered by FMLA, please contact [HUMAN RESOURCES] at [CONTACT INFO].

Sincerely,

[HUMAN RESOURCES]