DEPARTMENT LETTERHEAD

HAND DELIVERED

DATE

Employee Name

Re: Family and Medical Leave

Dear \_\_\_\_\_\_\_\_\_\_,

It has come to my attention that your absence may qualify for leave under the Family Medical Leave Act (FMLA). You may be entitled for up to 12 weeks of job-protected leave within a twelve (12) month period for family and medical reasons and/or up to twenty-six (26) weeks for Military Family Leave. Attached is a copy of the policy and the paperwork that you must complete if you decide to apply for FMLA. I will send you further correspondence regarding your eligibility after receiving your request.

Should you have any questions, please let me know.

Sincerely,

Supervisor

Encl. FMLA Request Form

 Administrative Policies and Procedures Manual – Policy 3440: Family and Medical Leave

I verify delivery of this notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date