DEPARTMENT LETTERHEAD

# CERTIFIED MAIL

DATE

Employee Name

Home Address

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 feel free to contact me at \_\_\_\_\_\_\_.

Sincerely,

Supervisor

Encl. FMLA Request Form

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