

EMPLOYEE LEAVE NOTIFICATION LETTERS

Download and customize the attached letters for leave administration under the Family and Medical Leave Act (FMLA):

- [Leave Eligible Notification](#)
- [Leave Denial Notification](#)
- [Leave Denial, FMLA Exhausted Notification](#)
- [Leave Eligible, Care for Family Member Notification](#)
- [Leave Eligible, Military Caregiver Notification](#)
- [Leave Eligible, Qualifying Exigency Notification](#)
- [Leave Eligible, Parental Bonding Leave Notification](#)
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- [Leave Eligible, Pregnancy Disability Leave Notification](#)
- [Leave Denial, FMLA Exhausted; Pregnancy Disability Leave Eligible Notification](#)
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- [Leave Approval, Pregnancy Disability](#)
- [Leave Date Change, Pregnancy Disability](#)
- [Recertification Request](#)

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Eligible Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that you are currently eligible for FMLA leave due to your own serious health condition.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Certification of Health Care Provider for Employee's Serious Health Condition (to be completed by your physician).
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to both Part A and B.

If you have not done so already, please complete a Leave of Absence Request form. All forms must be returned within 15 days of receipt of this letter for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Certification of Health Care Provider for Employee's Serious Health Condition (with Job Description)
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Denial Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. Regretfully, we are informing you that you are not currently eligible for leave due to the eligibility requirements not yet being met as outlined in our attached policy and/or Notice of Eligibility and Rights and Responsibilities.

You may want to consider a non-FMLA-qualified or personal leave of absence as applicable to our other leave policies. If you have questions you may refer to our Employee Handbook, or call [NAME] at [PHONE NUMBER]. You may submit a newly completed Leave of Absence form (also attached) selecting the appropriate leave you wish to have considered.

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Denial, FMLA Exhausted Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that while you are eligible for family and medical leave, you have already exhausted your entitlement for this leave year.

You may want to consider a non-FMLA-qualified or personal leave. You may review these leave options in our Employee Handbook or call [NAME] at [PHONE NUMBER] to better understand your options. If interested in requesting a different leave, please complete and submit a Leave of Absence Request form.

Attached you will find:

- Leave of Absence Request.
- Designation Notice.
- Notice of Eligibility and Rights and Responsibilities.

If you have any questions, please contact [NAME] at [PHONE NUMBER].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Designation Notice
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Eligible, Care for Family Member Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that you are currently eligible for FMLA-qualified leave in order to care for a family member with a serious health condition.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Declaration of Relationship.
- Certification of Health Care Provider for Family Member's Serious Health Condition.
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to both Part A and B.

If you have not done so already, please complete a Leave of Absence Request form. You will need to have your family member's physician complete the Certification document. All forms must be returned within 15 days of this request for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Declaration of Relationship
Certification of Health Care Provider for Family Member's Serious Health Condition
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Eligible, Military Caregiver Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that you are currently eligible for FMLA-qualified leave in order to care for a covered service member.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Certification for Military Caregiver Leave.
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to both Part A and B.

If you have not done so already, please complete a Leave of Absence Request form. You will need to have the covered service member's physician complete the Certification document. All forms must be returned within 15 days of this request for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Certification for Military Caregiver Leave
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]
[EMPLOYEE ADDRESS]

Regarding Leave Eligible, Qualifying Exigency Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that you are currently eligible for FMLA-qualified leave in order to deal with one or more qualifying exigencies regarding a covered service member.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Certification for Qualifying Exigency Leave.
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to both Part A and B.

If you have not done so already, please complete a Leave of Absence Request form and Certification for Qualifying Exigency Leave. All forms must be returned within 15 days of this request for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]
[TITLE]
[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Certification for Qualifying Exigency Leave
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Eligible, Parental Bonding Leave Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that you are currently eligible for FMLA-qualified leave for parental bonding and to care for your newborn child.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Declaration of Relationship.
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to both Part A and B.

If you have not done so already, please complete a Leave of Absence Request form and Declaration of Relationship form. All forms must be returned within 15 days of this request for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Declaration of Relationship
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Eligible, Pregnancy Disability and Parental Bonding Leave Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that you are currently eligible for FMLA-qualified leave due to a disability resulting from your pregnancy, childbirth, or related medical condition, as well as parental bonding leave to care for your newborn child.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Certification of Health Care Provider for Employee's Pregnancy Disability.
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to both Part A and B.

If you have not done so already, please complete a Leave of Absence Request form and have your physician complete the Certification of Health Care Provider for Employee's Pregnancy Disability form. All forms must be returned within 15 days of this request for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Certification of Health Care Provider for Employee's Pregnancy Disability
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Eligible, Pregnancy Disability Leave Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that you are currently eligible for FMLA-qualified leave due to a disability resulting from your pregnancy, childbirth, or related medical condition.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Certification of Health Care Provider for Employee's Pregnancy Disability.
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to both Part A and B.

If you have not done so already, please complete a Leave of Absence Request form and have your physician complete the Certification of Health Care Provider for Employee's Pregnancy Disability form. All forms must be returned within 15 days of this request for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Certification of Health Care Provider for Employee's Pregnancy Disability
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Denial, FMLA Exhausted; Pregnancy Disability Leave Eligible Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that while you are eligible for family and medical leave, you have already exhausted your entitlement for this leave year. However, you are entitled to a leave for a disability resulting from your pregnancy, childbirth, or related medical condition.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Certification of Health Care Provider for Employee's Pregnancy Disability.
- Designation Notice.
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to the eligibility rights so you understand why you are not currently eligible for FMLA.

If you have not done so already, please complete a Leave of Absence Request form and have your physician complete the Certification of Health Care Provider for Employee's Pregnancy Disability form. All forms must be returned within 15 days of this request for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Certification of Health Care Provider for Employee's Pregnancy Disability
Designation Notice
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding FMLA Leave Ineligible; Pregnancy Disability Leave Eligible Notification
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We are in receipt of your request for leave qualified under the Family and Medical Leave Act (FMLA) submitted on [DATE]. After reviewing your request, we are informing you that you are not currently eligible for FMLA-qualified leave. However, you are entitled to a leave for a disability resulting from your pregnancy, childbirth, or related medical condition.

Attached you will find:

- Leave of Absence Request (if the form has not yet been submitted).
- Certification of Health Care Provider for Employee's Pregnancy Disability.
- Notice of Eligibility and Rights and Responsibilities.

It is important that you review the Notice of Eligibility and Rights and Responsibilities in its entirety, paying close attention to the eligibility rights so you understand why you are not currently eligible for FMLA.

If you have not done so already, please complete a Leave of Absence Request form and have your physician complete the Certification of Health Care Provider for Employee's Pregnancy Disability form. All forms must be returned within 15 days of this request for your leave to be processed timely and under FMLA protection. Remit all forms to [NAME] via [ENTER METHOD].

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Leave of Absence Request
Certification of Health Care Provider for Employee's Pregnancy Disability
Notice of Eligibility and Rights and Responsibilities

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Notification, Certification Not Received
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We provided you with a letter dated [ENTER DATE] defining your leave status and requesting that you submit additional information supporting your request for leave qualified under the Family and Medical Leave Act (FMLA) for [STATE REASON]. At that time, we requested that you complete and return the following document(s):

- [CERTIFICATION FORM TITLE].
- [OTHER FORM TITLE].

We are contacting you because as of the date of this letter, we have not received the aforementioned document(s), nor have we received a reason for the delay. Your leave remains unapproved until such time that documentation is received in its entirety and properly reviewed.

Attached you will find [NAME DOCUMENTS], which must be returned within seven calendar days from the date of this letter to [NAME] via [METHOD]. Unless and until the required documentation is received in completion, your absences will not be designated as FMLA-qualified leave. Please understand that without this designation, any absences taken are not protected under the FMLA and risk being considered unapproved.

If you have questions, contact me directly.

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: [LIST ALL DOCUMENTS BEING REQUESTED]

[DATE]

[EMPLOYEE NAME]
[EMPLOYEE ADDRESS]

Regarding Notification, Certification Incomplete
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

We provided you with a letter dated [ENTER DATE] defining your leave status and requesting that you submit additional information supporting your request for leave qualified under the Family and Medical Leave Act (FMLA) for [STATE REASON]. The certification you provided is not complete/sufficient as stated below:

- [CERTIFICATION FORM TITLE — DESCRIBE ISSUE OR AREA NEEDING COMPLETION].
- [OTHER FORM TITLE — DESCRIBE ISSUE OR AREA NEEDING COMPLETION].

Please return the completed form(s) to [NAME] via [METHOD] no later than seven days from the date of this letter. Unless and until the required documentation is received in completion, your absences will not be designated as FMLA-qualified leave. Please understand that without this designation, any absences taken are not protected under the FMLA and risk being considered unapproved.

If you have questions, contact me directly.

Sincerely,

[NAME]
[TITLE]
[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: [LIST ALL DOCUMENTS BEING REQUESTED]

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Approval

Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

Enclosed is the Designation Notice related to your request for a request for leave qualified under the Family and Medical Leave Act (FMLA). This notice will identify the status of your request and provide information about other matters that may be related to your leave, such as your leave schedule and any required return-to-work certification. It is important that you review this notice in its entirety.

If you have questions, contact me directly.

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Designation Notice

Return-to-Work Certification (RWC), if required

Job Description, if required for RWC listing essential functions, if applicable

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Approval, Pregnancy Disability and Parental
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

Attached you will find a Designation Notice in support of your request for leave qualified under the Family and Medical Leave Act (FMLA) due to a disability resulting from your pregnancy, childbirth, or related medical condition, and parental leave to care for your newborn child. This notice identifies the status of your request. This notice also addresses your other pertinent information such as your leave schedule. Please review the notice in its entirety.

Your health care provider has indicated a beginning leave date of [ENTER DATE], and leave is anticipated to have a probable duration of [NUMBER OF WEEKS], as indicated on your submitted certification. Therefore it is assumed that your pregnancy disability leave portion of the overall leave will end on [DATE]. As a result, on [DATE], your leave will be reclassified as parental leave. Because you have requested [NUMBER OF WEEKS] of parental leave, your entire leave will end on [DATE], and your return to work date is set as [DATE].

In the event that your pregnancy disability extends beyond the date specified above, you must let us know as soon as possible. Upon notification, another Certification of Health Care Provider for Employee's Pregnancy Disability will be sent to you, which you will need to have completed and returned to support your request for additional pregnancy disability leave.

If you have questions, contact me directly.

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Designation Notice

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Approval, Pregnancy Disability
Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

This is to confirm that you are approved for pregnancy disability leave beginning on [DATE] and ending on approximately [DATE]. Your return to work date will therefore be [DATE]. If you need additional leave time due to a disability resulting from your pregnancy, childbirth, or related medical condition, please contact [NAME] at [PHONE NUMBER] as soon as reasonably possible.

If you have questions, contact me directly.

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Leave Date Change, Pregnancy Disability

Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

Thank you for providing the updated certification reflecting the new end date of the pregnancy disability portion of your leave qualified under the Family and Medical Leave Act (FMLA). Based on the new information, we are enclosing an updated Designation Notice.

As a result, we will assume that the pregnancy disability leave portion of your leave will end on [DATE]. Then, on [DATE], your leave will be designated as parental leave. Because you have requested [NUMBER OF WEEKS] of parental leave, your parental leave will end on [DATE], and your return to work date will be [DATE].

If you have questions, contact me directly.

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: Designation Notice

[DATE]

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

Regarding Recertification Request

Sent via [EMAIL ADDRESS, HAND DELIVERED, CERTIFIED USPS #]

Dear [EMPLOYEE NAME]

This is to inform you that we are requiring you to provide an updated medical certification of your continued need for leave qualified under the Family and Medical Leave Act (FMLA) due to [STATE REASON].

Enclosed is [CERTIFICATION FORM TITLE]. This form must be completed by your own physician or your family member's physician and should be returned to [NAME] via [ENTER METHOD] within 15 calendar days from the date of this notice.

Unless and until the required recertification is provided, your absences will not continue to be designated as protected leave under the FMLA. Without that designation, your absences may not be protected or considered as approved.

If you have questions, contact me directly.

Sincerely,

[NAME]

[TITLE]

[CONTACT INFO]

Cc: [MANAGER NAME]

Encl.: [CERTIFICATION FORM TITLE]