

**Sample Letter 16 – PDL Confirmation Letter
(Employee Not FML Eligible or
Employee FML Eligible but Leave Entitlement Exhausted)**

[*Date*]

[*Employee Name*]

[*Employee Address*]

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 let _____ know as soon as possible.

If you have questions about this, please let me know.

Sincerely,

[*Name*]

Cc: Benefits
 [*ER/LR/HR, as applicable*]