

Notice of Ineligibility Letter– Leave in Progress

[Date]

[Employee Name]

[Employee Address]

RE: Notice of Ineligibility for FMLA Leave

Dear _____,

On _____, 20____, you requested [or you began, or we became aware of your circumstances indicating a need for] family/medical leave due to [*insert one of the following: birth or placement of your child, or your serious health condition or a serious health condition affecting your (spouse/child/parent); or a qualifying exigency; or to care for your (spouse/child/parent/next of kin), a covered Servicemember who incurred an injury or illness in the line of active duty*]. This leave is to begin on _____, 20____, and is expected to end on or about _____, 20____ [or, it is unknown how long the need for leave will continue].

This is to inform you that you are **not currently eligible** for leave under the FMLA for the following reason(s): [*check all that apply*]

- You have not been employed with the City for at least 12 months and/or you have not worked at the City for at least 1,250 hours during the previous 12 month period;
- The City does not employ 50 or more people within a 75 mile radius, and therefore you are not an eligible employee under the FMLA;
- The medical condition for which you sought FMLA time off does not constitute “a serious health condition” under our FMLA policy (based upon the medical information which we have received from you to date);
- You have sought time off due to the serious health condition of someone that does not meet the definition of immediate family under the FMLA;
- You have requested time off due to the birth or adoption of a child or the placement of a child in your foster care. However, that placement, adoption, or birth occurred more than 12 months ago;
- You have exhausted available leave under the FMLA for the prior twelve month period; and/or
- You are otherwise not approved for FMLA time off for the following reasons:

We ask that you contact your Human Resources Officer to discuss the implications of your continued absence under the applicable attendance and leave policies. Failure to follow these policies may result in disciplinary action up to and including termination of employment.

If you believe the facts stated in this letter are inaccurate and/or if your circumstances change and you would like to reapply for FMLA leave, please contact your Human Resources Officer.

Please call me if you have any questions.

Sincerely,

[Designated Employer Representative]