

Print on Department Letterhead

[This cover letter is used when the employee provides documentation that qualifies the leave under the Family and Medical Leave Act]

[Date]

NAME
ADDRESS
CITY, STATE, ZIP CODE

Dear _____:

This letter is to inform you that your leave of absence, which **[began/begins]** on **[Date]**, has been designated as qualifying leave under the Family and Medical Leave Act. According to information you submitted, your leave will end as of **[Date]**. Enclosed is the Designation Notice, designating the leave as being covered under the FMLA.

If you have any questions, please feel free to contact me at **[phone number]**.

Sincerely,

[signature]

Enclosures: **[describe]**

[Note for personnel sending the form: If the Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act) and Leave of Absence Request form were not previously sent to the employee because the employee's request for leave was accompanied by documentation sufficient to designate the leave without the health care provider's certification form, send those forms along with this letter and ask that the Leave of Absence Request form be returned as soon as possible to ensure that applicable leave accruals are utilized and the employee is paid appropriately.]