



To:	Date:	From:	
Your request for FMI	A leave has been reviewed as well as	the supporting	g documentation you provided.
Your FMLA lea	ve has been approved.		
	for this reason will be designated as dates of your scheduled leave change		e. You must notify your supervisor as soon as ed.
		e schedule, the	e following number of weeks, days and/or hours
	Weeks	Days	Hours
number weeks, d		nst your FML	edule) it is not possible at this time to provide the A entitlement. You have the right to request this period).
first day your lea	ve begins. All paid time off shall run o	concurrently w	, vacation, comp time, personal day) as of the vith your eligible FMLA entitlement. In no event ailable accrued paid time has been exhausted.
	ired to present a fitness-for-duty certification your return to work may be delayed ur		tored to employment. If such certification is not on is provided.
Additional inforn	nation is needed to determine if you	r FMLA leav	e request can be approved:
request. You mus	t provide the following information no	later than	mine whether the FMLA applies to your leave (provide at least 7 days) your good faith efforts, or your leave may be
	our right to have you obtain a second stails at a later time.	or third opini	on medical certification at our expense and will
Your FMLA Lea	ive request is not approved.		
The FMLA does	not apply to your leave request.		
You have exhaus	sted your FMLA leave entitlement in	1 the applical	ole 12-month period.

PLEASE NOTE: Original to employee; send completed copy to Human Resources & retain copy for department records.