

Employee Absent for Possible FMLA Circumstance

[Date]

[Employee Name]

[Street Address]

[City, State, Zip Code]

Dear [Employee Name]:

On [date], we became aware that you have been absent from work under circumstances that may qualify for leave under the Family and Medical Leave Act (FMLA). The purpose of this letter is to provide you with information and the forms both you and your healthcare provider need to complete and return to us so that we may determine if the absence(s) may be designated as FMLA leave.

You will find enclosed the FMLA Notice and the [Company Name]'s FMLA policy. The notice includes the basic provisions of the FMLA and rights of eligible employees. The FMLA gives employers options in several areas. Detailed information on which option [Company Name] uses is included in our absence policy. For example, under the FMLA, an eligible employee is entitled to take up to 12 weeks of FMLA leave during a 12-month period. The options for the employer to use in designating the 12-month period are: the calendar year, any fixed 12-month period such as a fiscal year or a year starting with the employee's anniversary date, the 12-month period as measured forward from the date the employee's FMLA leave first begins, or a "rolling" 12-month period measured backward from the date the employee uses any FMLA leave. [Company Name] uses a "rolling" 12-month period measured backward from the date the employee uses any FMLA leave.

Please review closely and retain both the notice and our policy, particularly the section on continuation of health insurance benefits, if you have not yet returned to work. Your portion of the health insurance premiums will be deducted from any pay you receive during your absence. If portions of your leave are unpaid, you must provide us with payment of your premium portion by the first of each month.

The following FMLA forms are enclosed:

Employee Request for FMLA Leave: You will need to complete this form and return it to us as soon as possible, but no later than 15 calendar days from the date of this notice. A return envelope is enclosed.

Certification from Healthcare Provider: You will need to give this form to your healthcare provider for completion. Your healthcare provider may return the completed form directly to us (using the enclosed return envelope) or to you for submission. Please be sure that this completed form is returned to us within 15 calendar days following the request or provide us a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. As stated in our FMLA policy, medical information received for FMLA leave is considered confidential and shall be disclosed only to those involved in the FMLA leave determination.

After receipt and review of the two forms, we will make a determination on the designation of your absence as FMLA leave. You will be notified in writing. If you have any questions or would like more information on FMLA leave, please contact [name, phone number].

Sincerely,

Director of Human Resources

Enclosures: Employee Request for FMLA Leave and Certification of Healthcare Provider

Copy: Employee confidential medical file