

**Sample Letter 4 – Employee FML Eligible
(For Leave for Family Member’s Serious Health Condition)**

[Date]

[Employee Name]

[Employee Address]

Dear [Employee Name]:

In response to your request for a leave of absence to care for a family member with a serious health condition, we are providing you with information pertaining to the University’s Family and Medical Leave (FML) policy. Enclosed are several forms:

- Leave of Absence Request
- Notice of Eligibility and Rights & Responsibilities
- Certification of Health Care Provider for Family Member’s Serious Health Condition
- Declaration of Relationship

Part A of the Notice of Eligibility and Rights & Responsibilities states that you are eligible for FML. Part B provides information about whether you are able or required to substitute paid leave for unpaid leave and any responsibilities you may have while on leave. Please read this Notice carefully.

Please complete the employee section of the Leave of Absence Request and Section II of the enclosed Certification. Also, please have your family member’s health care provider complete Section III of the Certification. All forms to be completed should be returned to _____ within 15 calendar days of this request. Failure to provide the required documentation may result in delay or denial of leave.

If you have any questions, please let me know.

Sincerely,

[Name]

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

Enclosures: Leave of Absence Request
Notice of Eligibility and Rights & Responsibilities
Certification of Health Care Provider for Family Member’s
Serious Health Condition
Declaration of Relationship