

**Sample Letter 11 – Employee FML Eligible
(For Requests Limited to PDL)**

[Date]

[Employee Name]

[Employee Address]

Dear [Employee Name]:

In response to your request for a leave of absence due to a disability resulting from your pregnancy, childbirth, or related medical 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 Employee's Pregnancy Disability

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 have your health care provider complete the enclosed 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 about this, 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 Employee's Pregnancy Disability