

**Sample Letter 15 – Designation Letter
(For Approved Combined PDL and Parental Leave)**

[Date]

[Employee Name]
[Employee Address]

Dear [Employee Name]:

Enclosed is the Designation Notice related to your request for a Family and Medical Leave (FML) due to a disability resulting from your pregnancy, childbirth, or related medical condition, as well as parental leave to care for your newborn child. It identifies the status of your request. It also provides information about other matters related to your leave, such as your leave schedule. Please read the Notice carefully.

Your health care provider stated that your pregnancy disability leave will begin [*began*] on [*date*] and will have a probable duration of [*number*] weeks. Therefore we will assume that the pregnancy disability leave portion of your leave will end on [*date*]. As a result, on [*date*], your leave will be designated as parental leave. Because you have requested [*number*] weeks of parental leave, your parental leave will end on [*date*], and your return to work date will be [*date*].

If your pregnancy disability extends beyond the date specified above, you need to let us know as soon as possible. Upon notification, we will provide you with another Certification of Health Care Provider for Employee's Pregnancy Disability which you will need to have completed and returned in order to support your request for additional pregnancy disability leave.

If you have questions about this, please let me know.

Sincerely,

[Name]

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

Enclosure: Designation Notice