

**Sample Letter 8 – Employee FML Eligible  
(For Combined PDL and Parental Leave)**

[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, as well as parental leave to care for your newborn child, 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