

**Sample Letter 9 – Employee Not FML Eligible
(For Requests for PDL Only)**

[Date]

[Employee Name]
[Employee Address]

Dear [Employee Name]:

In response to your request for 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 Leave of Absence policy and the Family and Medical Leave (FML) policy. This is to inform you that you are **not** eligible for FML for the reasons set forth in the enclosed Notice of Eligibility and Rights & Responsibilities. However, you are entitled to up to 4 months of Pregnancy Disability Leave. Enclosed are several forms:

- Leave of Absence Request
- Notice of Eligibility and Rights & Responsibilities
- Certification of Health Care Provider for Employee's Pregnancy Disability

Please read these documents carefully. The Notice of Eligibility and Rights & Responsibilities sets forth the reasons you are ineligible for FML. Please complete the employee section of the Leave of Absence Request and have your health care provider complete the Certification of Health Care Provider for Employee's Pregnancy Disability. The Leave of Absence Request and the Certification of Health Care Provider for Employee's Pregnancy Disability should be returned to _____ within 15 calendar days of this request.

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