[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notification of Concurrent Workers' Compensation and FMLA Leave

Dear [Employee Name],

We have received notice of your work-related injury/illness that occurred on [Date of Injury]. We understand that you are currently unable to work due to this medical condition.

This letter is to formally notify you that your absence qualifies as a serious health condition under the Family and Medical Leave Act (FMLA). Therefore, your Workers' Compensation leave and your FMLA leave will run concurrently (at the same time) effective [Start Date].

Leave Details:

- Your FMLA entitlement began on [Date].
- Your 12-week FMLA entitlement is expected to expire on or about [Date].
- While you are receiving Workers' Compensation benefits, this time will be deducted from your available FMLA balance.

Benefits and Obligations:

During this period of FMLA leave, your health insurance benefits will be maintained under the same conditions as if you had continued to work. You will remain responsible for your portion of the health insurance premiums, if applicable.

Return to Work:

Before returning to work, you will be required to present a fitness-for-duty certification from your healthcare provider. If you are released to "light duty" or "modified duty" by your physician, please contact [Name of Contact/HR] immediately so we may evaluate our ability to accommodate those restrictions.

Please find the enclosed FMLA "Notice of Eligibility and Rights & Responsibilities" and the "Designation Notice" for your records.

If you have any questions regarding your leave or benefits, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]
[Title]
[Company Name]