

[Date]

[Employee Name]

[Employee ID]

[Department]

**Subject: Notification of Leave of Absence Ineligibility**

Dear [Employee Name],

We have received and reviewed your request for a leave of absence dated [Date Request Submitted], which was requested to begin on [Start Date] and end on [End Date].

After reviewing your current employment status and history, we regret to inform you that your request for leave has been denied because you do not meet the eligibility requirements at this time. This decision is based on the following reason(s):

- You have not been employed with the company for the minimum required period of [Number] months.
- You have not worked the minimum required [Number] hours during the previous 12-month period.
- You have exhausted your total allotted leave balance for the current calendar/rolling year.
- Your position is not covered under the specific leave policy requested.
- Other: [Specify Reason]

As a result, your absence from work during the requested period will not be protected. You are expected to report for your regular work shifts as scheduled. Failure to report to work may result in disciplinary action, up to and including termination of employment, in accordance with our attendance policy.

If you have any questions regarding this decision or would like to discuss other potential options, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Name]

[Title]

[Company Name]