

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Conditional Approval of Family and Medical Leave (FMLA)

Dear [Employee Name],

We received your request for a leave of absence beginning on [Start Date] and ending on or about [End Date]. This letter is to inform you that your leave is **conditionally approved** as qualifying under the Family and Medical Leave Act (FMLA).

This approval is "conditional" because we have not yet received the required documentation to formally certify your leave. To finalize your FMLA protection, please provide the following:

- Medical Certification from a healthcare provider
- Certification of Qualifying Exigency for Military Family Leave
- Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave
- Other: [Specify Document]

Please return the completed documentation to the Human Resources department by **[Due Date]**. Failure to provide sufficient documentation by this date may result in the delay or denial of your FMLA protection.

Key Information Regarding Your Leave:

- **Leave Entitlement:** You have a right under the FMLA for up to 12 weeks of unpaid, job-protected leave in a 12-month period.
- **Health Insurance:** Your health benefits will be maintained during your leave under the same conditions as if you continued to work. You remain responsible for your portion of the premiums.
- **Return to Work:** You will be required to present a fitness-for-duty certificate from your doctor before returning to work, if the leave is for your own serious health condition.

If you have any questions regarding your leave or the required paperwork, please contact [HR Contact Name] at [Phone/Email].

Sincerely,

[Name]

[Title]

[Company Name]