**Date:** [Date]

**To:** [Employee Name]

**From:** [Manager/HR Department Name]

**Subject:** Notice of Eligibility and Rights & Responsibilities (FMLA)

Dear [Employee Name],

On [Date], you informed us of your need for leave for the following reason:

- The birth of a child, or placement of a child with you for adoption or foster care.
- Your own serious health condition.
- Because you are needed to care for a spouse, child, or parent due to a serious health condition.
- A qualifying exigency arising out of the fact that a spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty in the Armed Forces.
- To care for a covered servicemember who is your spouse, child, parent, or next of kin.

**PART A: NOTICE OF ELIGIBILITY**

This is to inform you that you are:

**[ ] Eligible for FMLA leave.** (See Part B below for Rights and Responsibilities)

**[ ] Not eligible for FMLA leave** because:

- You have not met the 12-month length of service requirement as of the first date of requested leave.
- You have not met the 1,250-hours-of-service requirement during the previous 12-month period.
- You work at a location where the company employs fewer than 50 employees within 75 miles.

**PART B: RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE**

As you are eligible for leave, please be advised of the following requirements:

1. **Medical Certification:** You will be required to furnish certification from a health care provider to support your request for leave. This must be returned by [Date].

2. **Substitution of Paid Leave:** You may choose (or the company may require) to use your accrued paid leave (vacation, sick, or PTO) concurrently with your unpaid FMLA leave.

3. **Health Insurance:** During FMLA leave, your health insurance coverage will continue under the same conditions as if you had continued to work. You must continue to pay your portion of the premiums during the leave period.

4. **Job Restoration:** Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

If you have any questions, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Signature]

[Printed Name and Title]