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

[Date]

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

Subject: Notice of Eligibility for Family and Medical Leave (FMLA)

Dear [Employee Name],

On [Date], we received your request for a leave of absence for [Reason for Leave]. After reviewing your employment records, we have determined that you are not eligible for leave under the Family and Medical Leave Act (FMLA) at this time.

To be eligible for FMLA leave, an employee must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. Our records indicate that you have worked [Number of Hours] hours during the past 12 months.

Because you have not met the minimum hour requirement, your request for FMLA-protected leave is denied. Please note that this determination is based on your current status. If your circumstances change or if you believe there is an error in our calculation of your hours, please contact Human Resources immediately.

While you do not qualify for FMLA, you may be eligible for other types of leave or accommodations under our company policies or other applicable laws. Please refer to the employee handbook or contact [Contact Name/Department] at [Phone Number/Email] to discuss your options.

Sincerely,

[Name]
[Title]
[Company Name]