[Date]

To: [Employee Name]
Employee ID: [ID Number]

Subject: Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

Dear [Employee Name],

On [Date], you informed us that you need to take leave for the birth of your child and to bond with your newborn. This letter is to inform you of your eligibility under the Family and Medical Leave Act (FMLA).

1. Eligibility Status

Based on your request, you are:

- [ ] Eligible for FMLA leave.
- [ ] Not eligible for FMLA leave because: [Reason]

2. Rights and Responsibilities

If you are eligible, your leave will be subject to the following conditions:

- Your leave will count against your annual FMLA entitlement of 12 weeks.
- You must provide a medical certification or proof of birth if requested.
- Your health benefits will be maintained during the leave under the same conditions as if you continued to work.
- You have a right to be restored to the same or an equivalent job position upon return.

3. Use of Paid Leave

FMLA is generally unpaid. However, you may be required or may choose to use your accrued [Sick Leave / Vacation / PTO] concurrently with your FMLA leave. Once paid leave is exhausted, the remainder of the leave will be unpaid.

4. Next Steps

Please submit the required documentation by [Due Date]. Failure to provide documentation may result in the delay or denial of your leave protection.

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

Sincerely,

[Name]
[Title]
[Company Name]