Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Subject: Preliminary Family Medical Leave Act (FMLA) Eligibility Assessment

Dear [Employee Name],

On [Date], you notified us of your need for a leave of absence 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.
- [ ] You are needed to care for a family member due to a serious health condition.
- [ ] A qualifying exigency arising out of a family member's military active duty status.
- [ ] To care for a service member with a serious injury or illness.

Based on your request, we have performed a preliminary assessment of your eligibility for leave under the Family and Medical Leave Act (FMLA):

1. Eligibility Status:

- [ ] **Eligible:** You meet the FMLA eligibility requirements (have worked for the company for at least 12 months and at least 1,250 hours in the previous 12 months).
- [ ] **Not Eligible:** You do not meet the eligibility requirements at this time because: [State reason, e.g., insufficient hours worked].

2. Rights and Responsibilities:

This letter is a preliminary assessment only. To complete the processing of your request, you must provide the following documentation by [Insert Date]:

- [ ] Medical Certification from a health care provider.
- [ ] Documentation of family relationship.
- [ ] Military active duty orders.
- [ ] Other: [Specify]

3. Next Steps:

Please return the required documentation to the Human Resources Department. Once we receive and review these documents, we will provide you with a formal "Designation Notice" confirming whether your leave is approved and will be counted toward your FMLA entitlement.

If you have any questions regarding this assessment or the FMLA process, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Name]
[Title]
[Company Name]