**Date:** [Date]

**To:** [Employee Name]

**From:** [Employer Name/HR Representative]

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

Dear [Employee Name],

On [Date], you informed us that you need a leave of absence for:

- 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

Regarding your eligibility for FMLA leave:

[ ] **You are eligible** for FMLA leave. (See Part B for rights and responsibilities).
[ ] **You are not eligible** for FMLA leave because:

- [ ] You have not been employed for at least 12 months.
- [ ] You have not worked at least 1,250 hours 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 & Request for Certification

To determine whether your absence qualifies as FMLA leave, you must return the following documentation to us by **[Date - 15 days from today]**:

- [ ] **Medical Certification:** Attached is the appropriate certification form for your specific situation. Please have it completed by the relevant health care provider.
- [ ] **Documentation of Relationship:** Proof of birth, adoption, or foster care placement.
- [ ] **Military Documentation:** Copy of active duty orders or other military documentation.
- [ ] **Other:** [Specify]

Failure to provide a complete and sufficient medical certification may result in a delay or denial of your FMLA request.

**Important Information Regarding Your Leave:**

- If your leave is approved, it will be counted against your annual FMLA leave entitlement (12 weeks in a 12-month period, or 26 weeks for military caregiver leave).
- You must continue to pay your portion of health insurance premiums during the leave period to maintain coverage.
- You [will/will not] be required to use your accrued paid leave (vacation, sick, or PTO) during your FMLA absence.
- You must present a "Fitness-for-Duty" certificate before returning to work if the leave is for your own serious health condition.

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

Sincerely,

[Signature]
[Name and Title]