

Date: [Insert Date]

To: [Employee Name]

From: [Manager or HR Name]

Subject: Acknowledgement of Family Medical Leave (FMLA) Request

Dear [Employee Name],

This letter is to acknowledge that we have received your request for a leave of absence under the Family and Medical Leave Act (FMLA), starting on [Start Date] and ending on or about [Expected End Date].

We are currently reviewing your request to determine your eligibility. To process this application, please find the following documents attached to this letter:

- Notice of Eligibility and Rights & Responsibilities
- Certification of Health Care Provider Form

Please have the medical certification form completed by the appropriate health care provider and return it to the Human Resources department by [Insert Date - typically 15 days from receipt]. Failure to provide the required certification may result in the delay or denial of your leave request.

Once we receive the completed certification, we will notify you in writing whether your leave has been officially approved and designated as FMLA leave.

If you have any questions regarding your benefits, job protection, or the required documentation during this time, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Sender Name]

[Job Title]