

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

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

Subject: Notice of Eligibility and Rights & Responsibilities

Dear [Employee Name],

On [Date], we were notified of your need for a leave of absence due to [Reason for Leave].

Attached to this letter, you will find the "Notice of Eligibility and Rights & Responsibilities" form. This document confirms your eligibility for leave under the Family and Medical Leave Act (FMLA) or applicable company policy and outlines your rights and responsibilities during this period.

Please review the attached documents carefully. Specifically, please note the following:

- **Eligibility:** Whether you meet the requirements for protected leave.
- **Documentation:** Any medical certification or additional paperwork required to approve your request.
- **Deadlines:** Completed forms must be returned to Human Resources by [Deadline Date].
- **Benefits:** Instructions on how to maintain your health insurance and other benefits while on leave.

Failure to provide the requested documentation within the specified timeframe may result in a delay or denial of your leave protection.

If you have any questions regarding this notice or the leave process, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Name]
[Your Title]
[Company Name]

Enclosures: Notice of Eligibility and Rights & Responsibilities; Medical Certification Form (if applicable)