

**DATE:** [Insert Date]

**TO:** [Employee Name]

**FROM:** [Manager/HR Name]

**SUBJECT:** Approval of Family and Medical Leave (FMLA)

Dear [Employee Name],

On [Date Request Received], we received your request for leave and the required supporting documentation. This letter is to inform you that your leave request has been **APPROVED** and will be designated as leave under the Family and Medical Leave Act (FMLA).

**Leave Details:**

- **Leave Start Date:** [Start Date]
- **Expected Return to Work Date:** [End Date]
- **Type of Leave:** [Continuous / Intermittent / Reduced Schedule]

**Employee Responsibilities:**

Your FMLA leave entitlement is up to 12 weeks of unpaid, job-protected leave in a 12-month period. During this time, the following conditions apply:

- **Paid Leave:** You are required to use your accrued [Sick/Vacation/PTO] concurrently with your FMLA leave until it is exhausted. Once exhausted, the remainder of your leave will be unpaid.
- **Benefits:** Your health insurance coverage will be maintained under the same conditions as if you had continued to work. You are responsible for paying your portion of the premiums.
- **Reporting:** You must notify [HR Department/Manager] immediately if your leave dates change or if you are able to return to work earlier than expected.
- **Return to Work:** You will be required to present a "Fitness-for-Duty" certificate from your healthcare provider before you are permitted to return to work.

Upon returning from FMLA leave, you will be reinstated to your original or an equivalent position with equivalent pay, benefits, and other employment terms.

If you have any questions regarding this designation, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Company Representative]  
[Job Title]