

DATE: [Date]

TO: [Employee Name]

FROM: [Name of Sender/HR Department]

SUBJECT: Designation Notice - Approved Family and Medical Leave (FMLA)

Dear [Employee Name],

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any supporting documentation provided. We are writing to inform you that your leave request is **APPROVED**.

Leave Designation Details:

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

All leave taken for this reason will be designated as FMLA leave and will count against your annual FMLA leave entitlement. Based on our records, you currently have [Number] weeks of FMLA eligibility remaining for the current 12-month period.

Employee Responsibilities:

- **Paid Leave:** You are required to use your accrued [Sick Leave / Vacation / PTO] concurrently with your FMLA leave until it is exhausted.
- **Benefits:** To maintain your health insurance coverage, you must continue to pay your share of the premiums. Please contact [Department Name] to arrange payment.
- **Return to Work:** You are required to present a "Fitness-for-Duty" certificate from your healthcare provider before returning to work. If this is not received, your return may be delayed.
- **Reporting:** While on leave, you must check in with your supervisor every [Number] days to provide an update on your status and intent to return to work.

If you have any questions regarding this notice or your FMLA rights, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Authorized Representative]

[Title]

[Company Name]