

Date: [Date]

To: [Employee Name]

From: [Manager/HR Name]

Subject: Notice of Designation - Family and Medical Leave Act (FMLA)

Dear [Employee Name],

On [Date Request Received], we received your request for leave and the accompanying documentation for a leave of absence starting on [Start Date]. We have reviewed your request and the medical certification provided.

Your FMLA leave request is DENIED for the following reason(s):

- You have not been employed by the company for at least 12 months.
- You have not worked at least 1,250 hours during the 12-month period immediately preceding the leave.
- You work at a location where the company employs fewer than 50 employees within 75 miles.
- You have already exhausted your 12-week FMLA entitlement for the current 12-month period.
- The medical certification provided does not support a "serious health condition" as defined by the FMLA.
- The leave is for a reason that is not covered under the FMLA.
- Other: [Provide detailed reason here].

Because your leave is not designated as FMLA-protected, your absence from work will be handled according to the company's standard attendance and leave policies. Please refer to the Employee Handbook for further information regarding non-FMLA leave options.

If you have additional information or documentation that you believe would change this determination, please submit it to the Human Resources department by [Deadline Date].

Sincerely,

[Signature]

[Name of HR Representative]

[Title]

[Company Name]