

DATE: [Date]

TO: [Employee Name]

FROM: [Employer Name/HR Department]

SUBJECT: Designation Notice - Family and Medical Leave Act (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 of the status of your leave request.

1. LEAVE APPROVAL

Your request for leave is **APPROVED**. This leave will be designated as FMLA leave and will count against your annual FMLA leave entitlement.

2. TYPE OF LEAVE

This approval is for a **Continuous Leave of Absence**.

3. LEAVE PERIOD

Your leave is scheduled to begin on [Start Date] and is expected to continue until approximately [End Date].

4. PAID LEAVE REQUIREMENTS

You are required to use your available paid leave (vacation, sick, or personal time) during this period.

You are not required to use paid leave, but you may choose to do so.

5. RETURN TO WORK

You will be required to present a fitness-for-duty certificate (doctor's release) prior to returning to work. If this is not received, your return to work may be delayed.

No fitness-for-duty certificate is required.

6. ADDITIONAL INFORMATION

While on leave, you are responsible for your portion of health insurance premiums. Please contact [Department/Name] at [Phone Number/Email] to make payment arrangements.

Please notify your supervisor or the Human Resources department immediately if your leave dates change.

Sincerely,

[Your Name/Signature]
[Title]
[Company Name]