

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

Date: [Date]

To: [Employee Name]
Employee ID: [ID Number]

Subject: Designation Notice for Parental Bonding Leave

Dear [Employee Name],

On [Date], we received your request for leave for the purpose of bonding with a newborn child, or a child placed with you for adoption or foster care.

We have reviewed your request and the supporting documentation provided. Your leave request is handled as follows:

1. Leave Designation:

Your leave request is **APPROVED**. This leave will be designated and counted against your annual entitlement under the Family and Medical Leave Act (FMLA) and/or applicable state leave laws.

2. Leave Schedule:

Your leave is approved for the following period:

From: [Start Date]

To: [End Date/Expected Return Date]

3. Paid vs. Unpaid Leave:

FMLA leave is generally unpaid. However, you may be eligible to use accrued vacation, sick, or personal time during this period. Your status is as follows:

You have requested to use [Number] hours of paid leave.

You are not eligible for paid leave at this time.

4. Benefit Maintenance:

During your leave, [Company Name] will maintain your health insurance coverage under the same conditions as if you had continued to work. You will remain responsible for your portion of the premium payments, if applicable.

5. Return to Work:

You are expected to return to work on [Return Date]. If your plans change or you require an extension, you must notify [Department/Contact Name] at least [Number] days in advance.

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

Sincerely,

[Name]

[Title]

[Company Name]