

[Date]

To: [Employee Name]

Employee ID: [ID Number]

From: [Manager/HR Name]

Company Name: [Company Name]

Subject: Designation Notice for Military Caregiver Family Medical Leave

Dear [Employee Name],

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any supporting documentation/certification provided regarding your request to care for a covered servicemember or veteran with a serious injury or illness.

1. LEAVE DETERMINATION

Your FMLA leave request is: **[APPROVED / NOT APPROVED]**

2. DESIGNATION DETAILS

Because your leave is designated as Military Caregiver Leave, you are entitled to up to 26 weeks of leave in a single 12-month period. Your leave will be counted against your FMLA entitlement.

The leave period is designated as follows:

Start Date: [Date]

End Date: [Date, or "Ongoing"]

3. LEAVE USAGE

- **Continuous Leave:** You will be absent from [Date] to [Date].
- **Intermittent Leave:** You are approved to take leave intermittently or on a reduced schedule. Based on your certification, you are expected to be absent [Frequency, e.g., 1 day per month].

4. PAID LEAVE REQUIREMENTS

You are required to use your available paid leave (sick, vacation, or PTO) during your FMLA absence.

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

5. RETURN TO WORK

Upon returning from leave, you will be reinstated to your same or an equivalent position. If you are unable to return by the expiration of your leave, you must notify [HR Department] immediately.

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

Sincerely,

[Signature]

[Name]

[Title]