

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Subject: Designation Notice and Fitness-for-Duty Requirement

Dear [Employee Name],

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any additional information provided. This letter serves as formal notice of your leave designation.

1. Leave Approval: Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave and will count against your annual FMLA leave entitlement.

2. Leave Dates: Your leave is expected to begin on [Start Date] and end on or about [End Date].

3. Fitness-for-Duty Certification: As a condition of your restoration to work, you are **required** to present a fitness-for-duty certification from your healthcare provider before you return to work. This certification must specifically address your ability to perform the essential functions of your job.

4. Job Description: Attached to this letter is a list of the essential functions of your position. Please provide this list to your healthcare provider so they may certify that you are able to resume these specific duties.

5. Consequences of Failure to Provide Certification: If you do not provide the requested fitness-for-duty certification at the time you intend to return to work, your reinstatement may be delayed until the certification is provided.

If you have any questions regarding this notice or your FMLA rights and responsibilities, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Your Name/Signature]

[Your Title]

[Company Name]

Attachment: Essential Job Functions for [Job Title]