

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Notice of Eligibility and Rights & Responsibilities

Dear [Employee Name],

On [Date], you informed us of your need for a leave of absence for medical reasons. This letter is to inform you of your eligibility for leave under the Family and Medical Leave Act (FMLA) and/or company policy.

1. Eligibility Status:

As of [Date], you are:

Eligible for leave.

Not eligible for leave because: [Reason]

2. Documentation Required:

To determine if your leave qualifies as a protected absence, you must provide a "Certification of Health Care Provider" form. This form must be returned to the Human Resources department by [Due Date]. Failure to provide sufficient documentation may result in a delay or denial of leave protection.

3. Rights and Responsibilities:

- Your health insurance benefits will be maintained during the leave under the same conditions as if you continued to work.
- You may be required to use your accrued paid time off (Sick/Vacation) concurrently with this leave.
- Upon return from leave, you will be reinstated to your original or an equivalent position.
- You will be required to present a "Fitness-for-Duty" certificate before returning to work.

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

Sincerely,

[Name]

[Title]

[Company Name]