

Date: [Date]

To: [Physician Assistant Name]

From: [HR Department/Administrator Name]

Subject: Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

Dear [PA Name],

On [Date], you informed us that you need a leave of absence for:

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- Because you are needed to care for a spouse, child, or parent due to a serious health condition;
- A qualifying exigency arising out of the fact that a spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty in the Armed Forces.

This letter notifies you of your eligibility and provides information on your rights and responsibilities under the Family and Medical Leave Act (FMLA).

Part A: Eligibility

You are **eligible** for FMLA leave. You have met the requirements of being employed for at least 12 months and having worked at least 1,250 hours during the 12-month period immediately preceding the leave.

Part B: Rights and Responsibilities for Taking FMLA Leave

As a Physician Assistant, your leave is subject to the following requirements:

- **Medical Certification:** You must provide a complete and sufficient medical certification form by [Date - 15 days from today] to support your request. Failure to provide this may result in the delay or denial of leave.
- **Sufficient Notice:** You must provide at least 30 days' advance notice for foreseeable leave, or notice as soon as practicable for unforeseeable leave.
- **Substitution of Paid Leave:** You may elect, or the facility may require, that you use accrued paid time off (PTO), sick leave, or vacation time concurrently with your FMLA leave.
- **Health Insurance:** During FMLA leave, your health insurance coverage will be maintained under the same conditions as if you had continued to work. You must continue to pay your share of the premiums.
- **Job Restoration:** Upon return from FMLA leave, you have the right to be restored to the same position as a Physician Assistant or to an equivalent position with equivalent pay, benefits, and other employment terms.

- **Fitness-for-Duty:** Before returning to clinical duties, you will be required to present a fitness-for-duty certification from your healthcare provider regarding your ability to perform the essential functions of the Physician Assistant role.

Part C: Leave Impact

If your leave is approved, it will be counted against your annual FMLA entitlement of 12 workweeks in a 12-month period (or 26 workweeks for military caregiver leave).

Please return all required documentation to [Department Name/Contact Person] by [Date]. If you have any questions regarding your clinical schedule or patient coverage during this time, please coordinate with [Clinical Lead/Chief PA].

Sincerely,

[Signature]
[Name and Title]
[Organization Name]