

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notification of Family and Medical Leave Act (FMLA) Designation

Dear [Employee Name],

We have reviewed your request for leave and any supporting documentation provided. We are writing to inform you that your leave request is **approved** and has been officially designated as leave under the Family and Medical Leave Act (FMLA).

Your FMLA leave is scheduled to begin on [Start Date] and is expected to end on or about [End Date].

Conditions of Leave:

- **Leave Counting:** All leave taken for this reason will be counted against your annual FMLA entitlement of 12 weeks.
- **Health Insurance:** While on leave, your health insurance coverage will be maintained under the same conditions as if you had continued to work. You are responsible for paying your portion of the premium payments.
- **Return to Work:** You are required to provide a fitness-for-duty certification from your healthcare provider before returning to work. Please submit this to the Clinic Administrator's office on or before [Return Date].
- **Reporting:** You are required to check in with [Contact Person/Department] every [Number] days/weeks regarding your status and intent to return to work.

If you have any questions regarding your rights and responsibilities under the FMLA, please contact the Clinic Administrator's office.

Sincerely,

[Administrator Name]

Clinic Administrator

[Clinic Name]