

**Date:** [Date]

**To:** [Employee Name]

**Position:** [Job Title]

**Clinic Location:** [Clinic Name/Department]

**Subject:** Designation Notice - Approval of Family and Medical Leave (FMLA)

Dear [Employee Name],

We have reviewed your request for leave and the medical certification provided. We are pleased to inform you that your request for maternity leave has been **approved**. Your leave will be designated as Family and Medical Leave (FMLA) according to clinic policy and federal law.

**Leave Details:**

- **Leave Start Date:** [Start Date]
- **Expected Return to Work Date:** [Return Date]

**Conditions of Leave:**

1. **Leave Entitlement:** This time off will be counted against your annual FMLA entitlement of 12 weeks.
2. **Paid vs. Unpaid Leave:** Your leave will be [Unpaid / Paid via accrued PTO or Sick Leave / Paid via Short-Term Disability]. Please contact HR regarding the coordination of your benefits.
3. **Health Insurance:** During your leave, the clinic will maintain your health insurance coverage under the same conditions as if you had continued to work. You are responsible for paying your portion of the premiums by [Method of Payment].
4. **Fitness-for-Duty:** Before returning to work at the clinic, you will be required to present a "Fitness-for-Duty" certificate from your healthcare provider confirming that you are able to resume your essential job functions.

Please keep us informed if your expected return date changes. If you have any questions regarding your benefits or this designation, please contact the Human Resources office at [Phone Number/Email Address].

Congratulations on your new addition, and we wish you a healthy leave period.

Sincerely,

[Name]

[Title]

[Clinic Name]