

[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 under the FMLA and the medical certification submitted by your healthcare provider. This letter serves as formal notification that your leave request is **APPROVED** and will be designated as FMLA leave.

Leave Details:

- **Designation:** Family and Medical Leave Act (FMLA)
- **Leave Start Date:** [Start Date]
- **Expected Return to Work Date:** [Return Date]
- **Type of Leave:** [Continuous / Intermittent]

Conditions of Leave:

As a Nurse Practitioner at [Urgent Care Center Name], the following requirements apply during your absence:

- **Substitution of Paid Leave:** You are required to use your accrued [PTO/Sick/Vacation] time concurrently with your FMLA leave until it is exhausted. The remainder of your FMLA leave will be unpaid.
- **Benefits Maintenance:** Your health insurance coverage will be maintained under the same conditions as if you had continued to work. You remain responsible for your portion of the premium payments.
- **Fitness-for-Duty:** Because your position involves direct patient care, you are required to present a fitness-for-duty certification from your healthcare provider specifically addressing your ability to perform the essential functions of a Nurse Practitioner before returning to work.

Please keep us informed of any changes to your expected return date. If you have questions regarding your benefits or leave status, please contact Human Resources at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of HR Representative/Manager]

[Title]

[Urgent Care Center Name]