

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Designation of Family and Medical Leave (FMLA)

Dear [Employee Name],

We have reviewed your request for leave and the medical certification provided by your healthcare provider regarding your upcoming surgery and recovery period. As a Phlebotomist, we understand that your role requires specific physical capabilities to perform blood draws and handle laboratory specimens safely.

Leave Approval:

Your request for FMLA leave is **APPROVED**. Your leave is expected to begin on [Start Date] and is estimated to continue through [End Date].

Designation Details:

- This leave will be counted against your annual FMLA entitlement.
- You are required to use your accrued [Sick/Vacation/PTO] during this period.
- Your health insurance benefits will be maintained under the same conditions as if you had continued to work.

Return to Work Requirements:

Before returning to your duties as a Phlebotomist, you must provide a "Fitness-for-Duty" certification from your physician. This certification must specifically state that you are cleared to perform the essential functions of your job, including:

- Fine motor skills and hand stability for venipuncture.
- Ability to lift, bend, and assist patients.
- Standing for extended periods.

If you have any questions regarding your leave status or benefits, please contact the Human Resources Department at [Phone Number].

Sincerely,

[Name]

[Title]

[Company Name]