

DATE: [Date]

TO: [Employee Name]

FROM: [HR Representative Name/Department]

SUBJECT: Designation Notice - Approval of Paternity Leave (FMLA)

Dear [Employee Name],

We have reviewed your request for family leave following the birth of your child and the supporting documentation provided by your pediatrician/healthcare provider. This letter serves as formal notification that your leave request is **APPROVED** and will be designated as Family and Medical Leave Act (FMLA) leave.

Leave Details:

- **Leave Start Date:** [Start Date]
- **Expected End Date:** [End Date]

Please note the following requirements:

- Your leave will be counted against your annual FMLA entitlement of 12 weeks.
- Your health insurance benefits will be maintained during this period under the same conditions as if you continued to work. You remain responsible for your portion of the premiums.
- You are required to use [Number] days of accrued paid leave (vacation/sick time) concurrently with this unpaid FMLA leave.
- You must notify your supervisor at least [Number] days prior to your intended return to work date.

Upon your return from leave, you will be reinstated to your original position or an equivalent position with equivalent pay, benefits, and other employment terms.

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

Sincerely,

[Signature]

[Printed Name]

[Job Title]