

**Date:** [Date]

**To:** [Employee Name]

**Position:** Radiologic Technologist

**Department:** [Department Name/Radiology]

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

Dear [Employee Name],

We have reviewed your request for leave under the FMLA and any supporting documentation provided. We are writing to inform you that your leave request is **approved**.

Your FMLA leave is designated as follows:

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

The leave will be (check one):

A continuous block of time.

Intermittent or on a reduced schedule basis.

**Requirements while on leave:**

- Your health insurance benefits will be maintained during your leave under the same conditions as if you had continued to work. You must continue to pay your portion of the premiums.
- You are required to use your available paid leave (Sick, Vacation, or PTO) concurrently with your FMLA leave.
- Before returning to your duties as a Radiologic Technologist, you must provide a "Fitness-for-Duty" certification from your healthcare provider confirming you are able to perform the essential functions of your position.

Upon your return, you will be reinstated to your original position as a Radiologic Technologist 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.

Sincerely,

[Name]

[Title]

[Company/Hospital Name]