

[Date]

[Employee Name]

[Employee ID]

Medical Billing Department

**Subject: Notification of Family and Medical Leave (FMLA) Designation**

Dear [Employee Name],

We have reviewed your request for leave and the medical certification or other supporting documentation provided. We are writing to inform you that your leave request is **APPROVED** and will be designated as Family and Medical Leave (FMLA).

**Leave Details:**

- **Leave Start Date:** [Date]
- **Expected End Date:** [Date]
- **Leave Type:** [Continuous / Intermittent]

**Conditions of Leave:**

- The time taken will be counted against your annual FMLA entitlement of 12 weeks.
- You are required to use your accrued [Paid Time Off / Sick Leave / Vacation] concurrently with this leave.
- While on leave, you must continue to pay your share of health insurance premiums to maintain coverage.
- You are required to provide a "Fitness-for-Duty" certificate from your healthcare provider before returning to your position as a Medical Billing Specialist.

If the circumstances of your leave change or if you require an extension, you must notify the Human Resources Department immediately. Upon your return, you will be reinstated to the same or an equivalent position with equivalent pay and benefits.

If you have any questions regarding your leave or benefits, please contact [HR Name/Department] at [Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]