

[Date]

[Employee Name]

[Street Address]

[City, State, Zip Code]

Subject: Request for Updated Contact Information and FMLA Notice

Dear [Employee Name],

We are writing to ensure that our records contain your most current contact information and to provide you with important information regarding the Family and Medical Leave Act (FMLA).

Please review and confirm the following contact details on file:

- Current Phone Number: [Phone Number]
- Personal Email Address: [Email Address]
- Mailing Address: [Mailing Address]

If any of the information above is incorrect, please provide the updated details to the Human Resources department by [Date].

Additionally, this letter serves as formal notification regarding your eligibility and rights under the FMLA. Attached to this letter, you will find the "Notice of Eligibility and Rights & Responsibilities" (Form WH-381) and the "Certification of Health Care Provider" form.

To process your request for leave, please have your healthcare provider complete the certification form and return it to Human Resources no later than [Due Date].

If you have any questions regarding your leave or your benefits during this time, please contact [HR Contact Name] at [HR Phone/Email].

Sincerely,

[Sender Name]

[Title]

[Company Name]