

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notice of Eligibility and Rights & Responsibilities (FMLA Denial)

Dear [Employee Name],

On [Date], we received your request for family or medical leave under the Family and Medical Leave Act (FMLA) for the following reason: [Reason for Leave].

After reviewing your request and personnel file, we have determined that you are not eligible for FMLA leave at this time for the following reason(s):

- You have not been employed by [Clinic Name] for at least 12 months.
- You have not worked at least 1,250 hours during the 12-month period immediately preceding the leave.
- You work at a location where the clinic employs fewer than 50 employees within 75 miles.
- The reason for leave does not qualify under FMLA guidelines.
- You have exhausted your FMLA leave entitlement for the current 12-month period.

Because you do not meet the eligibility requirements, your request for FMLA leave is denied. However, you may be eligible for other types of leave provided by our clinic policies or applicable state laws. Please refer to the Employee Handbook or contact the Human Resources department to discuss alternative options.

If you believe there has been an error regarding your hours worked or length of service, please contact Human Resources within [Number] business days to provide additional documentation.

Sincerely,

[Your Name]
[Your Title]
Human Resources Department
[Clinic Name]