

[Date]  
[Employee Name]  
[Employee ID]  
[Address]

**Subject: Reference to Original FMLA Leave Approval**

Dear [Employee Name],

This letter serves as a formal reference to your previously approved Family and Medical Leave Act (FMLA) request, which was originally authorized on [Date of Original Approval].

Our records indicate that your leave was approved for the following period: [Start Date] through [End Date]. This leave was designated as [Continuous/Intermittent] for the purpose of [Qualifying Reason].

As per the original agreement and federal regulations, please be reminded of the following:

- Remaining Leave Balance: You have [Number] hours/days of FMLA entitlement remaining for the current 12-month period.
- Reporting Procedures: You must continue to follow the standard call-in procedures for each absence.
- Documentation: Any requests for an extension or changes to your medical certification must be submitted by [Deadline Date].

If you have any questions regarding your leave status or the terms of your original approval, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Name of HR Representative]  
[Title]  
[Company Name]