

FMLA SAMPLE LETTER CONTENTS
FMLA Approval Letter
2/28/14

Date:

Name:

Address:

Dear.....

This letter is to inform you that your coverage under the Family and Medical Leave Act (FMLA) has been approved for the condition certified by your health care provider. Leave time taken beginning [DATE], attributable to that health condition, will be considered FMLA leave and will be counted toward the 12 weeks of coverage available to you under the law. Your certification indicates you will be absent from work [INSERT THE EXPECTED ABSENCE - i.e.: block of time or the intermittent absences].

Your coverage under FMLA does not guarantee any or all of your leave is paid. That is determined by the amount of leave you have earned and taken to date. You must use all your accrued leave for FMLA absences before you would be on leave without pay for FMLA absences. Please remember all leave you take, whether paid or unpaid, must be requested through and approved by your supervisor. When requesting leave for FMLA purposes, be sure to indicate "FMLA" on your leave request so we may keep track of the hours used toward your FMLA coverage.

You have the right under the FMLA for up to 12 weeks of paid or unpaid leave in the 12-month period measured forward from the date FMLA leave begins. You must be reinstated to the same or an equivalent job with the same pay, benefits, terms and conditions of employment on your return from leave.

The State will continue to pay its portion of your health care benefits throughout the FMLA approved absences under the same conditions as if you continued to work. Your premium payments for health insurance will continue on the bi-weekly payroll schedule basis during the period of FMLA leave. The premiums will continue to be withheld from your paycheck if you are using leave. If you are on leave without pay, you have a minimum of a 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled. We will notify you in writing at least 15 days before the date your health coverage will lapse. If you do not return to work following FMLA leave you may be required to reimburse the State for its share of health insurance premiums paid on your behalf during FMLA leave. You will be responsible for the payment of other benefits (e.g., optional group life) while on FMLA leave.

You must use all accrued sick leave and vacation leave prior to the use of leave without pay for all leave that meets FMLA criteria. Our records indicate you have _____ hours of accrued sick leave and _____ hours of accrued vacation leave available as of [DATE].

Fmla Second Opinion Letter Sample

Robert N. Lussier, John R. Hendon

Fmla Second Opinion Letter Sample:

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