Attention: This document is a template and the department preparing the letter will need to select the options on some statements that apply to its unique situation.)

Campus/Department Letterhead

(Today's Date)

Dear (Employee's Name):

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_\_\_\_\_\_\_, 20\_\_, and have decided as follows:

[ ]  **Your request for FMLA leave is** **Approved**.

1. While on leave, you [ ] will [ ] will not be required to furnish us with periodic updates every \_\_\_\_\_\_\_\_(indicate interval of periodic reports, **as appropriate for the particular leave situation**) of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on your most recent certification form, you will be required to notify us at least two work days prior to the date you intend to report for work.
2. You may be required to furnish recertification if you request a leave extension or if circumstances described by the original certification change significantly.
3. If you are returning to work from your own serious health condition, you will be required to provide a fitness-for-duty certification prior to being restored to employment. If such certification is not timely received, your return to work may be delayed until the certification is provided. A list of the essential functions of your position [ ]  is [ ]  is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.
4. [ ]  Provided there is no deviation from your anticipated leave schedule, the following number of hours, days or weeks will be counted against your leave entitlement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Because the leave you will need will be unscheduled, it is not possible to provide the hours, days or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period, if leave was taken in that 30-day period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  **Additional information is needed to determine if your FMLA leave request can be approved:**

[ ]  The certification you provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than seven calendar days from today’s date, unless it is not practicable under the circumstances despite your diligent good faith efforts, or your leave may be denied.

[ ]  We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we shall provide further details at a later time.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ] **Your FMLA Leave Request is Not Approved.**

[ ]  The FMLA does not apply to your leave request.

 [ ]  You have exhausted your FMLA leave entitlement in the applicable 12-month period.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sincerely,

Human Resource/Department Representative

cc: Human Resource Service