



# Family and Medical Leave Employer Response

To:

\_\_\_\_\_  
(Employee Name)

\_\_\_\_\_  
(Position)

From:

\_\_\_\_\_  
(Name of Employer Representative)

## Request for Family or Medical Leave

On \_\_\_\_\_, you notified us of your need to take family/medical leave due to:

- The birth of a child, or the placement of a child with you for adoption or foster care; or
- A serious health condition that makes you unable to perform the essential functions for your job; or
- A serious health condition affecting your  spouse,  child,  parent, for which you are needed to provide care.

You notified us that you need this leave beginning on \_\_\_\_\_ and that you expect to leave to continue until on or about \_\_\_\_\_.

Our policy allows for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

### This is to inform you that:

1. You are  eligible  not eligible for leave under the Family and Medical Leave Policy.
2. Your leave is approved  not approved  effective \_\_\_\_\_
3. You  will  will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by \_\_\_\_\_ (*must be at least 15 days after you are notified of this requirement*), or we may delay the commencement of your leave until the certification is submitted.
4. Family and Medical Leave is unpaid leave. You may, however, elect to substitute accrued paid leave for unpaid leave. We  will  will not require that you substitute accrued paid leave for unpaid leave.
5. If you normally pay a portion of the premiums for your health insurance or voluntary life insurance, these payments will continue during the period of leave. Arrangements for payment have been discussed with you, and it is agreed that you will make premium payments as follows:
6. You  will  will not be required to present a Return-to-work certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
7. While on leave, you  will  will not be required to furnish us with periodic reports every \_\_\_\_\_ 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 the reverse side of this form, you  will  will not be required to notify us at least two workdays prior to the date you intend to report to work.
8. Other Remarks:

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date