

Letter to Employee Requesting FMLA Leave

[Date]

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Re: Family and Medical Leave

Dear _____:

We understand you may be claiming to have a serious health condition which prevents you from performing an essential function of your position [or insert other FMLA covered reason for leave here]. Enclosed is a form entitled "Employer Response to Employee Request for Family or Medical Leave." This form explains your rights and obligations under the FMLA. Please sign and date this form and return it to me for our files. In addition, please contact me as soon as you receive this letter to discuss how you will pay for your portion of health insurance premiums while on leave.

[Insert the next two paragraphs if employee has requested leave for a serious health condition]. If you are claiming that your condition was the result of a workplace accident or illness we will provide you with the necessary forms to apply for workers' compensation. Likewise, if you are applying for short term disability (or state disability in a state which has such a law) you must complete the necessary short term disability and/or state disability forms. [If applicable the employer should enclose the forms]. If you are applying for workers' compensation, short term disability, and/or state disability you must complete the workers' compensation, short term disability, or state disability forms, in addition to the enclosed FMLA forms.

Your FMLA leave conditionally is granted as of the date of this letter. You must, however, have your health care provider complete the enclosed "Certification of Health Care Provider" form and you must return this completed form to me within 15 calendar days of its receipt. If you fail to complete and return this form to me in a timely manner, your leave can be delayed until it is provided. In addition, the failure to submit the completed medical certification form in a timely manner, may result in absences being considered unexcused in accordance with the Company's absenteeism policy. That policy provides for disciplinary action for unexcused absences, up to and including termination. Please note, your completion of other forms, such as workers' compensation forms, or the previous submission of a note from a health care provider is inadequate. **YOU MUST COMPLETE AND RETURN THE ENCLOSED CERTIFICATION OF HEALTH CARE PROVIDER FORM.**

If you have any questions regarding the Company's leave policies or the content of this letter, please do not hesitate to contact me.

Very truly yours,

Enclosures

Sample Letter To Request An Fmla Second Opinion

SB Merriam



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