

Print on Department Letterhead

*[This cover letter is used when the employee informs his/her supervisor of the need for
FMLA leave]*

[Date]

NAME
ADDRESS
CITY, STATE, ZIP CODE

Dear ____:

You have provided information indicating a possible need to take leave pursuant to the Family and Medical Leave Act. Enclosed are the following: 1) Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act); 2) Certification of Health Care Provider for Employee's/Family Member's Serious Health Condition; and 3) Leave of Absence Request Form. Please review these documents carefully, as they address important information related to your rights under the Family and Medical Leave Act, as well as the continuation of your benefits. After reviewing these documents, please complete the Certification and Leave of Absence Request Form within fifteen (15) calendar days of the date of this letter or **[date]**.

If you have any questions, please feel free to contact me at [phone number]

Sincerely,

[signature]

Enclosures: **[describe]**