

EMPLOYER RESPONSE TO EMPLOYEE REQUEST FOR
FAMILY OR MEDICAL LEAVE

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

(Family and Medical Leave Act of 1993)

(Date) _____

TO: _____
(Employee's name)

FROM: _____
(Name of appropriate employer representative)

SUBJECT: Request for Family/Medical Leave

On _____ (date), you notified us of your need to take family/medical leave due to:

- * the birth of a child, or the placement of a child for adoption or foster care; or
- * a serious health condition that you need care for; or
- * a serious health condition affecting your * spouse, * a child, * parent, for which you are needed to provide care.

You notified us that you need this leave beginning on _____ (date) and that you expect leave to continue until on or about _____ (date).

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must 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. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that (check appropriate boxes; explain where indicated)

1. You are * eligible * not eligible for leave under the FMLA.
2. The requested leave * will * will not be counted against your annual FMLA leave entitlement.
3. You * will * will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____ (insert date) (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.

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FAMILY OR MEDICAL LEAVE (Cont.)**

4. (a). If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows: (Set form dates, e.g., the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee.)
- (b). You have a 30-day grace period in which to make payment. If payment has not been made timely, your group health insurance may be canceled, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- (c). We * will * will not pay your share of the premiums for your health insurance while you are on leave.
- (d). We * will * will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave. If we do, when you return from leave, you will be expected to reimburse us for the payments made on your behalf.
5. You * will * will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until such certification is provided.
6. (a). You * are * are not a "key employee" as described in §825.218 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us.
- (b). We * have * have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (Explain (a) and/or (b) below.)
7. You * will * will not be required to furnish us with periodic reports of your status and intent to return to work every 30 days while on FMLA leave.
8. You * will * will not be required to furnish recertification every 30 days relating to a serious health condition (Explain below, if necessary.)