Click here to enter employee name.

Click here to enter employee address.

|  |  |
| --- | --- |
| **Re:** | **Notice of Leave Designation –** **Medical Leave**  **Select approval option.** |

Dear Click here to employee name.:

On Application Date, you requested **Medical Leave** beginning Click to select leave date, for Choose an item. This notice is to inform you that your leave request has been  **Select approval option.**. Following your leave period, you are to report for duty on Click here to enter a date.. All leave taken for this reason will be designated as:

|  |  |  |
| --- | --- | --- |
| Designated | Program | Hours Approved |
|  | Paid Family and Medical Leave |  |
|  | DC Family Leave |  |
|  | DC Medical Leave |  |
|  | Federal Family and Medical Leave |  |

**Hours of Leave**

You are required to notify us as soon as possible if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will count against your leave entitlement:

Provided there is no change from your anticipated leave schedule, **Click here to enter total leave amount**. **Choose option.** will be counted against your leave entitlement for the programs identified above.

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 leave balance. However, in any 30-day period in which you take leave, you may request a balance update.

**Paid Leave**

You have requested to use paid leave during your Medical Leave. Any paid leave taken for this reason will count against your leave entitlement for the programs identified on the first page.

**Approved Types of Paid Leave**

During your period of approvedSelect the type of leave., you may elect to use one or more of the following types of paid leave:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Annual Leave |  | Sick Leave |  | Paid Family and Medical Leave \_\_\_\_\_\_\_\_\_\_ |
|  | Compensatory Time |  | Universal Leave |  | NONE |

Any leave taken must be accrued or available at the time of use. If applicable, the number of paid family leave hours noted above will be credited to your account.

**Returning to Work**

If you are able to return to duty earlier than expected, you are required to notify us at least two days prior to the date you can report for duty.

If your (employee) absence is based on a medical condition, you may be required to present a fitness-for-duty certificate to be restored to employment. If the certificate is not timely received, your return to work may be delayed until the certification is provided. A list of essential functions for your position is attached. The fitness for duty certification must address your ability to perform these functions.

**Conditional Approval**

This is a conditional approval and you are required to submit Click to enter a description of the documentation required. within 28 days. If you do not submit the requested information within 28 days, your leave can be denied and you will become liable for any unjustified leave payments made to you.

If you have any questions or concerns relating to this eligibility notification, please contact me at (202) Click here to enter contact number., or by e-mail at Click here to enter contact email..

Sincerely,

|  |
| --- |
|  |
| Click here to enter FML Coordinator Name.  Agency Family and Medical Leave Coordinator |