Click here to enter employee name.

Click here to enter employee address.

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| **Re:** | **Notice of Leave Designation – Medical Leave**  **NOT APPROVED** |

Dear Click here to employee name.:

On Application Date, you requested **Medical Leave** beginning Click to select leave date., for Click here to enter leave reason. This notice is to inform you that your request for leave is NOT APPROVED because –

|  |  |
| --- | --- |
|  | The Paid Family Leave program does not apply to your leave request. |
|  | The DC Medical Leave program does not apply to your leave request. |
|  | The federal Family and Medical Leave Act does not apply to your leave request. |
|  | You have already started receiving Paid Family Leave within the last 12 months. |
|  | You have exhausted your federal FMLA leave entitlement in the applicable 12-month period. |
|  | You have exhausted your DC **Medical Leave** entitlement. |

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 |

Cc District FMLA Coordinator (*via* dchr.fmla@dc.gov)