

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

Subject: Family and Medical Leave Act (FMLA) Notification

We are writing to formally notify you of your eligibility for leave under the Family and Medical Leave Act (FMLA) due to your recent request for time off.

[Optional: Briefly explain the reason for the leave request, if known.]

****Details of Your FMLA Leave:****

- Start Date: [Start Date]

- End Date: [End Date]

- Total Duration: [Number of Weeks/Days]

Please note that this leave will be [paid/unpaid, specify if applicable] and you are required to follow our company's leave policy during this time.

You are entitled to reinstatement to your former position or an equivalent position upon your return, in accordance with FMLA guidelines. If you have any questions or need further clarification, please do not hesitate to reach out to [HR Contact Name] at [HR Contact Number] or [HR Contact Email].

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]