

FAMILY AND MEDICAL LICENSE LAW OF 1993
FMLA

Mr(s) _____

Department _____

Human Resources Director

RESPONSE TO FAMILY AND MEDICAL LICENSE REQUEST

On _____ you notified us the need of taking a family and medical license due to:

- () The birth or adoption of a son and the caring of such.
- () A serious health condition which prevents you from complying with your essential job duties.
- () A serious health condition which affects your _____ spouse, _____ child, or _____ relative whom you must care for.

You have notified us that you need to begin your license on _____ and it will continue upto or near to _____.

I. We are informing you that you are _____ eligible / _____ not eligible for the FMLA license.

II. The license requisition _____ will be / _____ will not be accumulated towards your annual FMLA license.

III. You _____ will need / _____ will not need to provide us a medical certificate of the serious health condition. (If required you must send us the certificate by _____).

IV. If you regularly pay a proportion of your health insurance, this payment will continue during the period covered by the FMLA license. The payment agreement will be discussed with you and you must make the payments as specified here:

V. While you are under the license you _____ will be / _____ will not be required to provide us a periodical report every _____ regarding your health condition and your intent to return to work. If the conditions of your license change, and you are available to return to work before the indicated date on this document you _____ should / _____ should not inform us two days prior to the date on which you desire to return to work.

VI. You _____ will be / _____ will not be required to provide us a new certificate regarding your health condition every _____.

Employee's Signature

Date

Human Resources Director

Date