

Sample Memorandum

Agency Response to Employee Request for Family or Medical Leave

TO: _____
(Employee's name)

FROM: _____
(Name of appropriate agency 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 your child, or the placement of a child with you for adoption or foster care; or
- A serious personal health condition that makes you unable to perform the essential functions of your job; or
- A serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

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

Except as explained below, you have a right under 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. (If not eligible, see #9.)
2. The requested leave will will not be counted against your annual FMLA leave entitlement. (If not eligible, please see #9.)
3. You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by (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.

4. You may elect to substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used the following conditions will apply: (Explain)

5(a). If you normally pay a portion of the premiums for your health insurance, these payments must be made during the period of FMLA leave. If you remain on the payroll, your premium deductions will automatically continue. If you are on leave without pay, information on continuing premium payments will be sent to you by the Employee Benefits Division, NYS Department of Civil Service, after we have notified the Division of your FMLA leave.

If you make direct premium payments while on unpaid FMLA leave, you have a 30-day grace period in which to make payment. If payment has not been made timely, your group health insurance will be canceled.

The State will not pay your share of the premiums for your health insurance while you are on leave.

(b). The State will continue to pay the full share premium cost for your dental and vision coverages while you are on FMLA leave.

(c). If you wish to continue paying the premium for your life and/or accident and sickness coverage while on unpaid FMLA leave, contact your Health Benefits Administrator for information.

6. You will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certificate is not received, your return to work may be delayed until such certification is provided.

7. While on leave, you will will not be required to furnish us with periodic reports every _____ (**indicate interval of periodic reports, as appropriate for the particular leave situation**) of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will will not be required to notify us at least two work days prior to the date you intend to report to work.

8. You will will not be required to furnish recertification relating to a serious health condition. (**Explain below, if necessary, including the interval between certifications.**)

9. Although your request was not approved as FMLA leave, you may be eligible for leave under the Attendance Rules. Contact the Personnel Office to discuss your situation.