

(DATE)

(Employee Name)
(Employee's Department)
(Employee work address)
(Mail Code)

Dear (Employee Name):

Over the past several months we have discussed a problem with your attendance. You are frequently late to work, and you are absent for whole days without prior approval. Based on medical documentation that you submitted to the department in September of this year, we believe you may have a serious health condition that would qualify under the Family and Medical Leave Act.

Enclosed are the FMLA application and medical certification to determine if your absences qualify under the FMLA. Please complete the application portion of these documents and ask your health care provider to complete the medical certification form. Then, return all documents to me by (*month day, year*).

You are hereby granted provisional approval for any absences from today forward that are related to your potential serious health condition. You will receive notification regarding the department's final determination of your eligibility for FMLA following your submission of the FMLA papers.

Please contact the department at (*phone number*) with any questions or if you need additional information.

Sincerely,

(Name),
(Title)

c: Human Resources Records