

(DATE)

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

Dear (Employee Name):

On (*month day, year*), you communicated to me that you were having surgery for a serious health condition. Please complete the enclosed FMLA application and medical certification to certify that your absence qualifies under the FMLA. 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*). Failure to return the forms by this date may result in a delay or denial of the leave.

You are hereby granted provisional approval for your absence beginning (*month day, year*). 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