

(DATE)

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

Dear (Employee Name):

Attached is a copy of the Family and Medical Leave Form submitted on your behalf. The *(Department name)* has verified that you have not worked for the University at least one year and worked hours equivalent to a 50% position during the preceding twelve (12) months. Therefore, at this time, you are not eligible for FMLA leave.

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

Sincerely,

(Name)
(Title)

c: Human Resources Records