



Note: Areas in red or highlighted should be customized based on the employee's specific situation, and in accordance with company policy. To ensure employee receives this letter, if hand delivering, recommend requiring a signature. The alternative best practice is to send certified mail and require signature. It would also be acceptable to send through electronic means with electronic receipt to prove delivery.

4/27/2022

Employee Name

Address

City, State and Zip

Email Address

Sent via: [insert method]

RE: Leave of Absence Request

Dear Employee Name,

On [Date] you notified us of your need for a Leave of Absence (LOA) beginning on [Date] with an anticipated return date of [Date] to Choose an item.

Your leave has been approved under the following important terms and conditions:

REMOVE THIS BOX BEFORE SENDING TO EMPLOYEE

Important Note: This letter template assumes the employee has submitted appropriate documentation, i.e., FMLA medical certification form or other documentation from their medical provider, or you have enough information to designate leave as FML.

Note About Forms: The enclosures referenced in this letter are forms published by the DOL. As the employer, you will need to fill in the blanks on the Eligibility, Rights and Responsibilities Notice and on the Designation Notice forms. [Click here](#) to download the forms.

Family and Medical Leave

We have determined that you meet the eligibility requirements for taking leave under the federal Family Medical Leave Act (FMLA), which allows you to take up to 12 weeks of unpaid, job-protected leave. Additional notice of your Eligibility, Rights and Responsibilities under the FMLA, as well as a Designation Notice have been provided to you with this letter. You may also refer to our Employee Handbook for a review of our FMLA policy.

Other Leaves

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Note: Employer should outline how other leaves coordinate with FMLA based on company policy.

In addition to the protections under the federal FMLA, your leave also qualifies for leave under [insert state leave that is applicable, i.e., MA Parental Leave, RI Family Medical Leave, CA Family Medical

Leave, etc.]. According to our policy, leaves that are eligible under multiple leave laws will run concurrently when for the taken for the same eligible reason. **[remove this section if any of these leaves are not applicable]**

Compensation

Although leave under FMLA is unpaid, as a general matter, you may elect to use the various forms of paid time off benefits as outlined below.

A. Short-Term Disability Insurance (STD)

For this leave, you may qualify for income replacement under the Company's short-term disability policy OR state disability benefit. These wage replacement benefits are determined based on a number of factors. For more information on these benefits and how to apply, we have included [information/claim form/benefits-at-a-glance].

B. Paid Family and Medical Leave Benefits

[sample language for Massachusetts employers – update based on correct state]]:

Please note that employees may receive Massachusetts Paid Family and Medical Leave "PFML" benefits and collect company-paid disability, e.g., STD or other paid leave benefits; however, benefits will be offset so that the combined amount reaches no more than the maximum allowance under the STD plan based on the employee's weekly wage.

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Note: Below should be customized according to the Company's MA PFML plan. The sample language below is for employers using the state's public plan.

To apply for PFML, you must create an account and submit the required additional documentation here: www.mass.gov/pfml. You do not have to return anything to Human Resources or your Manager. The Department of Family and Medical Leave will reach out to us for employer related information once they begin processing your claim. Any updates regarding your claim will be communicated by the Department of Family and Medical Leave. For questions, assistance with the process, or to view updates to your claim click [here](#).

OR Alternative Language

Please note that employees may receive PFML benefits and collect company-paid disability, e.g., STD or other paid leave benefits; however, benefits will be offset so the combined amount reaches no more than the maximum allowance under the STD plan based on the employee's weekly wage.

C. Accrued Paid Time Off

During your leave, you [have the option to/must] supplement any portion of unpaid leave with your accrued paid time off benefits. You have chosen to use [# and type of hours] to be applied to your leave. Please note that additional sick and vacation time do not accrue during your leave.

[Sample language for Massachusetts employers using the state's public plan]

Please note that you may not receive MA PFML benefits and use accrued paid time off at the same time. If you choose to use accrued paid time off while taking leave under the MA PFML program, the number of days your claim has been approved for may be reduced to offset these benefits. MA PFML

runs concurrently with accrued paid leave. **[Employers utilizing a fully-insured private option must confirm with their carrier if accrued paid time off can be used during MA PFML leave.]**

Benefits During Leave

Note: Under FMLA and other state paid leave programs, health insurance remains in force. Recommended working out a repayment strategy with employee prior to them going on an unpaid leave.

During your approved MA PFML leave, your health coverage will remain active however you are responsible for continuing to pay your share of the cost. Any missed payroll deductions for your benefits will accrue an "arrears" balance. This balance will be deducted from your pay upon your return to work at a rate of 1x per-pay deduction each payroll until the arrears balance has been satisfied. **OR** Insurance premium payments will be due [insert payment process such as on or before the XX day of each month].

If you experience a qualifying event during your leave, you may make changes to your health insurance coverage. Please contact [HR@email or Human Resources] if you need to make changes to your insurance and note that supporting documentation may be required.

A Few Other Important Reminders

- Always keep Human Resources or your Manager informed of your anticipated leave date and return date.
- Make sure your personal contact information has been updated in [ADP or other HRIS portal]. We hope to not bother you while on leave, but it is helpful to have a way to reach you, just in case.
- Last but not least, it is very important you keep us updated on your return-to-work status so we can ensure payroll is updated timely and accurately. Please provide notice to Human Resources at least 3 days prior to your return date.

Return-to-Work

If you are on a leave due to medical reasons, you will be required to present a release-for-duty certification or other documentation from your medical provider indicating you can return to your regular responsibilities.

If you have any questions about the information contained in this letter, please contact [insert contact information].

Sincerely,

Enclosures:

- [FMLA Designation Notice](#)
- [FMLA Notice of Eligibility & Rights and Responsibilities](#)