

Notification of Intermittent FMLA Leave

[Date]

[Employee Name]
[Employee Address]

RE: Request for [Notification of] Intermittent Family/Medical Leave

Dear _____:

On _____, 20__, you requested [*or you began, or we became aware of your circumstances indicating a need for*] intermittent family/medical leave due to [*insert either: a serious health condition that makes you occasionally 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*]. This need for intermittent leave is to begin [*or began*] on _____, 20__, and is expected to end on or about _____, 20__ [*or, it is unknown how long the need for leave will continue*].

You have a right under the Family & Medical Leave Act (FMLA) for up to 12 weeks of unpaid leave in a 12-month period because of (1) the birth of your child or the placement of a child for adoption or foster care in your home; (2) a serious health condition that makes you unable to perform the essential functions of your job; (3) a serious health condition affecting your spouse, child, or parent, for which you are needed to provide care; (4) a qualifying exigency. You are also entitled to an additional 14 weeks of leave (for a total of 26 weeks) or to care for a covered Servicemember who sustained a serious illness or injury during active duty service in the Armed Forces. However, intermittent leave is not available for the birth or placement of a child.

Your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work. However, you will be responsible for paying your share of premium payments when you return to work, you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment. If you do not return to work after your 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 notice is to inform you that we have initially determined you are eligible for intermittent leave under the FMLA, and that the requested leave will be counted against your annual FMLA leave entitlement. We require that you have your physician certify in the [enclosed form *or* the form we have provided you] your need for intermittent leave and its nature and probable duration. This certification form must be satisfactorily completed and returned to us within 15 days of [our previous written request *or* this notice]. If the form certification is not returned, your family/medical leave will be retroactively denied, and the absences treated as any other absence.

We will require that you substitute accrued paid leave, including compensatory time, for unpaid FMLA leave. This means that you must use your accrued paid leave and that leave will run concurrently with and be counted against your 12 week FMLA entitlement. You currently have accrued ____ days of paid leave.

During the period that you require intermittent leave, you will be required to furnish us with periodic recertification reports from your physician every 30 days of your continuing need for intermittent leave, and its conditions and expected duration.

At some point during the period of your intermittent leave, you may also be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.

When you know in advance of the need to take intermittent leave, such as for a scheduled appointment relating to the serious health condition, you must attempt to work out a convenient time for this leave with your supervisor, and give your supervisor as much advance notice as possible. For emergency intermittent leave, you must alert your supervisor as soon as you know of the need for the leave, and give your supervisor enough information about the absence to allow the City to make the determination as to whether this absence should be designated as family/medical leave covered by this notice letter.

Sincerely,

[Designated Employer Representative]