

Approval of Medical Leave of Absence Without Pay

[Date]

[Name]

[Address]

Via [Hand Delivery OR Certified Mail No. _____]

Dear [Mr./Ms. Last Name]:

The purpose of this letter is to acknowledge receipt of your physician's statement (Form DOP-L3) and your request for a medical leave of absence from your position as [classification] dated [date] that you submitted to [name], [title].

Your request for a medical leave of absence for the period beginning [date], [time], through [date], [time], has been approved. You are expected to return to duty on [date] at your regularly scheduled work time of [time].

During your period of absence, it is imperative that you contact [name], [title], at [telephone number] concerning any requirements that may be necessary for you to maintain your health and/or life insurance. Failure to submit payment of your premiums may result in cancellation of coverage. If you have any questions or need additional information, please contact [name], [title], at [telephone number].

[If appropriate] During your leave of absence, you are restricted from all non-public areas of the [office name(s)] with the exception of [office name(s) (e.g., supervisor/manager/human resources office)]. If it is necessary for you to come to [office name(s)], an appointment must be arranged in advance and [name], [title], will meet you in the lobby. You may arrange such an appointment by contacting [name], at [telephone number]. Further, you are not to remotely access the State's employee technology resources (email, mainframe, etc.) or otherwise perform work for [agency/department name] **[Agencies should not permit the employee to take agency-issued phones or IT equipment with them while on leave.]**

Sincerely,

[Appropriate Signature Authority]

Enclosures

[OPTIONAL LANGUAGE - If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgment typed at the bottom of the letter.]

I have received a copy and am aware of the contents of the foregoing letter

Employee Signature

Date

[OPTIONAL LANGUAGE - If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.]

The undersigned certifies that the above letter / notification was mailed to [name] by first-class and certified mail, return receipt requested, on the _____ day of _____, 20_____.

[signature] _____
[typed name and title]

