

# [USE OWN DEPARTMENT LETTERHEAD HERE]

DATE

*Sent via Certified Mail and US Mail*

NAME

ADDRESS

CITY, STATE ZIP

## **Re: Approved Leave Designation**

Dear NAME,

The County has reviewed the Medical Certification Form or documentation you provided and has determined that your requested leave is a qualifying event. As such, your leave has been designated as follows:

Family Medical Leave Act

California Family Rights Act

Pregnancy Disability Leave

Other: \_\_\_\_\_

Your leave began on <date> and your expected return to work date is <date>. This leave is estimated to count as <Number of days> days of qualifying leave.

Should you have any questions concerning your leave request, please feel free to contact (Payroll Coordinator name) at ext. \_\_\_\_\_ during business hours.

Sincerely,

(Payroll Coordinator Name)

cc Human Resources

