Morrow County School District

Code: **GCBDA/ GDBDA-AR-5**Adopted: 5/12/03
Revised 9-8-08

1st **Rdg – 6-09**

Sample <u>Designation</u> Letter to Employee - FMLA/OFLA Leave

The following is a sample cover letter to an employee notifying the employee that the employer is treating a request for leave as a request for FMLA and/or OFLA leave (either paid or unpaid) that will reduce the employee's FMLA and/or OFLA leave entitlement. This letter along with the Designation Notice form should be mailed to the employee withing five working days after receiving enough information to determine whether the leave qualifies under FMLA or OFLA.

| Dear Employee: |
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| On |
| We understand the purpose of your requested leave qualifies as family medical leave under state and/or federal law. Accordingly, this letter is to notify you that the leave will be counted against your annual family and medical leave entitlement. Also attached is a form entitled FMLA/OFLA Notice to Employee Designation Notice which contains other information for you regarding federal and state family medical leave rights. |
| Sincerely, |
| Superintendent/Personnel Director Enclosure (FMLA/OFLA <u>Designation</u> Notice to <u>Employee</u> form) |
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