Morrow County School District

Code: **GCBDA/ GDBDA-FORM(2)**Adopted: 5/12/03
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Reviseu 9-0-00

Sample 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 should be mailed to the employee within two working days after the employee's request for the leave along with the FMLA/OFLA notice form.

| Dear Employee: |
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| On |
| <u>injury or illness.</u> |
| 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 which contains other information for you regarding federal and state family medical leave rights. |
| Sincerely, |
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| Superintendent/Personnel Director |
| Enclosure (FMLA/OFLA Notice to Employee form) |
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