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 1445 Federal Drive ● Montgomery, Alabama 36107-1123

**Rick Pate**

**Commissioner**

(Date)

(Employee Name)

(Address)

(City, State, Zip)

RE: FMLA LEAVE

Dear (Employee) :

On , you presented a leave situation that may qualify under the Family and Medical Leave Act. In order for us to determine whether your leave qualifies under FMLA, it is necessary for your/family member’s health care provider to complete the Medical Certification Form that is attached. By policy, this Form must be returned to me within 15 days of receipt of this notice.

Effective immediately all leave pertaining to this illness or condition will be coded FMLA pending approval of the Medical Certification Form completed by the health care provider. Please be aware that failure to return the Form can result in delay of leave, denial of leave, and/or discipline for failure to follow State Personnel and AGI policy.

Please do not hesitate to call me if you have any questions.

Sincerely,

(Supervisor)

c: Personnel Manager

Enclosures: Medical Certification of Healthcare Provider Form

 Authorization to Release Information

 Rights & Responsibilities