***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

The **<Department>** is in receipt of your **<family members relation>** medical certification dated ***<MED. CERT. DATE>***. The medical note indicates that **<outline what is needed in terms of the leave per the doctor>**. The **<Department>** is approving your request and will be accommodating you by **<outline accommodation>**. If there are any changes to your accommodation, please provide notice and a new medical certification.

I also want to notify you of your rights and responsibilities under the Family Medical Leave Act and the California Family Rights Act (FMLA/CFRA). Enclosed is the Notification of Eligibility of Family Medical Leave which designates your leave of absence as FMLA/CFRA. Your leave is also granted under the County’s Medical Leave Policy.

If you have any questions, please contact me at ***<565-xxxx>*** or ***<Analyst Name, Disability Management Analyst>*** at ***<565-xxxx>***. More information and copies of the Medical Leave Policy, Disability and Reasonable Accommodation Policy, and the Temporary Transitional Duty Policy, can be found at:

<https://sonomacounty.ca.gov/HR/Disability-Management/Policies/>

Sincerely,

***<Dept Designee>***

Enclosed: Request of leave of Absence Form

 Notification of Eligibility of Family Medical Leave

 Medical Leave Checklist for Employees

Cc: ***<DM Analyst Name>***, Disability Management Analyst

 Confidential Medical File