***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

The Department is in receipt of your medical certification dated ***<MED. CERT. DATE>***. Your medical leave has been approved from ***<START DATE>*** to ***<END DATE>***. If any changes to your leave return date occur, please provide ***<XX>*** days notice and a new medical certification. The Department will notify you if you need to provide a return to work certification 15 days prior to returning to work.

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.

I have also enclosed two additional forms. The Request for Leave of Absence form needs to be completed and returned to ***<NAME>*** by **<*DATE>***. The Medical Leave Checklist for Employees is a reference document for your use and provides all the information you need to provide to the Department during your medical leave.

If you have any questions about these forms or your leave, 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