**Letter Designating Employee Medical Leave as Non-FMLA**

Date

Employee Name

Employee Address

Dear [Employee Name],

I hope this letter finds you recovering well.

As a follow up to our conversation earlier, as of [DATE] you are on an unpaid leave of absence from [COMPANY]. ***[If applicable]*** Please see the enclosed FMLA designation notice describing the reason for this classification.

This leave is ***not*** FMLA; therefore, there are no job reinstatement rights associated with your absence. We will keep you informed of the status of your position.

At this time, you are being placed on a Non-FMLA leave of absence for a period of [NUMBER OF MONTHS, WEEKS, ETC.]

If you do not return to work at the expiration of this leave, your employment may be terminated. In addition, if you do not report to work on your designated return date of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, we will assume that you have resigned your position if we have not been notified by you of a need to extend your leave ahead of that time.

Please note the following important information related to pay and benefits:

* Your paycheck will continue to be paid in the same manner/cycle.
* You will be required to use any available [Paid Time Off/Vacation/Sick] for this period of leave.
* Paycheck benefit deductions will continue to occur unless paid time off funds are not available.
* At the time that deductions are no longer possible, we will notify you of your responsibility to pay your premiums by check directly to the company.
* When you no longer have paid time available, your leave will be unpaid.
* If your employment is terminated, your benefits will end upon the date of termination unless otherwise indicated in our benefits plan information.
* COBRA and other coverage continuation information will be provided for you in the case that your coverage ends due to termination or other qualifying reasons.
* Your benefits end dates will be as follows if your absence continues and termination does not occur unless you choose to stop paying your portion of the premium for such benefits in which case we will provide you with notification and terminate your benefits in accordance with legal requirements:

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| --- | --- |
| **BENEFIT NAME** | **BENEFIT END DATE** |
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We appreciate your service to the company and wish you well. You can reach me at [Contact Information] with any questions or to set up an appointment.

Sincerely,   
  
Human Resources Director

CC: Employee Personnel File