

Facility Name
Address

DATE

[Name]
[Address]

Via [Hand Delivery OR Certified Mail No. _____]

Dear [Mr./Ms. Last Name]:

The purpose of this letter is to acknowledge receipt of your physician's statement (Form DOP-L3) and your request for a leave of absence from your position as [classification] dated [date] that you submitted to [name], [title].

Your request for a leave of absence under the Federal Family and Medical Leave Act (FMLA) and West Virginia Parental Leave Act (PLA) for the period beginning [date and time] through [date and time] has been approved. You are expected to return to duty on [date] at your regularly scheduled work time of [time]. FMLA and PLA provide for up to twelve (12) weeks of unpaid leave for [applicable reason – i.e., serious health condition of family member, birth of child, military exigency, etc.]. A Designation Notice (Form DOP-L10) is enclosed.

For your information, subsection 14.8.d. of the Division of Personnel *Administrative Rule*, W. VA. CODE R. §143-1-1 *et seq.*, which sets forth an employee's responsibility at the end of a leave of absence without pay, is enclosed with this letter. Also enclosed is an Application to Receive Donated Leave [if applicable]. For more information, you may wish to visit the Division of Personnel's website at www.state.wv.us/admin/personnel/.

During your period of absence, it is imperative that you contact [name], [title], at [telephone number] concerning any requirements that may be necessary for you to maintain your health and/or life insurance. Failure to submit payment of your premiums may result in cancellation of coverage. If you have any questions or need additional information, please contact [name], [title], at [telephone number].

[if appropriate] During your leave of absence, you are restricted from all non-public areas of the [office name(s)] with the exception of [office name(s) (e.g., supervisor/manager/human resources office)]. If it is necessary for you to come to [office name(s)], an appointment must be arranged in advance and [name], [title], will meet you in the lobby. You may arrange such an appointment by contacting [name], at [telephone number]. Further, you are not to remotely access the State's employee technology resources (email, mainframe, etc.) or otherwise perform work for [agency/department name] [Agencies should not permit the employee to take agency-issued phones or IT equipment with them while on leave.].

Sincerely,

[Appropriate Signature Authority]

Enclosures

c: Agency Personnel File