**Extended FMLA/CFRA Designation Notice**

Print on Company Letterhead

<Date>

<Name>

<Address> or <email>

RE:Extended Designation Notice Under– Family and Medical Leave Act and/or California Family Rights Act

Dear <Name>:

On <date> we received your medical recertification noting that you need an extension of your previously approved 🞏 Family Medical Leave Act (“FMLA”) 🞏 California Family Rights Act (“CFRA”) due to your own or family member’s medical condition which started on <date>. Your recertification extends your FMLA/CFRA leave through <date> and we are approving additional time from <date> through <date>.

You have the following work weeks/days/hours of FMLA/CFRA leave available to use toward your extended leave as of <date>:

<XX> work weeks/ <XX> days/<XX> hours of FMLA leave available.

<XX> work weeks/ <XX> days/<XX> hours of CFRA leave available.

The law requires that you notify us as soon as practicable if you wish to request a change or extension of the dates of your approved leave. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your qualified leave entitlement.

Provided there is no deviation from your anticipated leave schedule, the following number of work weeks, days or hours will be counted toward your leave entitlement from the period of <date> through <date>:

Work weeks <XX> days <XX> hours <XX>.

Please let us know if there is additional information that we should consider, or if you have any questions regarding your position or leave. You may contact me at <phone> or <email> with any questions you may have.

Sincerely,

<Name>

<Title>