**Extended FMLA/CFRA Leave Letter**

**(For Employee)**

Print on Company Letterhead

<Date>

<Name>

<Address> or <email>

RE:Extended Leave Under– Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA)

Dear <name>:

According to the initial information we received, you should be able to return to work on <date>. However, on <date> we received information that you may request an extension of your previously approved Family Medical Leave due to your own medical condition which started on <date>. Your current leave will expire on <date>.

You have the following work weeks/days/hours of FMLA/CFRA leave available as of <date> should you need additional time:

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

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

Please complete the enclosed Leave of Absence Request form if you would like additional leave due to your own medical condition. You will also be required to provide sufficient medical certification to support the need for additional leave. A certification form that sets forth the information necessary to support your request is enclosed. This completed form is to be returned to <title or name> within 15 calendar days of receipt of this letter.

If there is additional information you or your health care provider have that we should know, please share that so we may make an informed decision. Please contact me at <phone> or <email> with any questions you may have.

Sincerely,

<Name>

<Title>

Enclosures: Leave of Absence Request form

Medical Certification form