**Extended FMLA/CFRA Leave Letter**

**(For a Family Member)**

Print on Company Letterhead

<Date>

<employee 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 have been able to return to work on <date>. However, on <date> we received information that you have requested an extension of your previously approved Family Medical Leave due to your family member’s medical condition which started on <date>. Your current leave will <or did> expire on <date>.

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

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

You have <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 family member’s 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 me within 15 calendar days of receipt of this letter.

Please let us know if there is additional information we should consider, or if you have any questions regarding your position or leave. 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