Response to Personal Leave Request

Print on Company Letterhead

<Date>

<Name>

<Address or email>

RE: Response to your Request for Personal Leave

Dear <Name>:

We have received your *Leave of Absence request* form dated <date of form> to request a personal leave of absence from <date> through <date>.

We are approving your request for time off and will place you on a *Personal Leave of Absence* from <date> through <date>. More information on the Company’s Personal Leave policy can be found in our Employee Handbook.

During your Personal Leave, you are required to use any accrued <PTO or vacation> you have available first and then the remainder of your leave will be unpaid. As of today, you have <XX> hours of accrued <PTO or vacation> available. You will not accrue <PTO or vacation and PSL> during your personal leave. Your accrual will resume the first pay period upon your return.

You are eligible for continued health care benefits during your leave provided you return to work <within 30 days on or before the last day of the month in which your leave began, or on the last day of <XX> month>. The Company will continue to pay its portion of medical premium payments during the <XX> month of your leave of absence. You are responsible for the employee portion of the monthly premium. Your employee portion of the premium will be deducted from any paychecks received during leave, or you will be required to submit the premium via personal check. Please contact <title> at <phone> or <email> to make arrangements for insurance premium payments.

If you choose not to continue your health care coverage during your leave of absence, you must contact <name or title> at the information above.

When your benefits end, <if you are not returning to work in the same month>, you will be contacted by the <title or COBRA administrator name> about continuation of coverage under the provisions of COBRA. Under COBRA, you are eligible to continue on the Company’s health insurance plan, at your own expense.

You are responsible for 100% of the premiums of other benefit plans you are participating in such as <life insurance, short term disability insurance, long term disability insurance>during your leave, if you continue to participate. If we fail to receive payment within 30 days for the other benefits you are participating in, we will contact the insurance carrier advising them of your non-payment and your Company-sponsored coverage will end.

We cannot guarantee your reinstatement to the position you previously held or any position in the Company. We will assess your placement and our business needs when you return from this leave.

Your performance review date will be adjusted by <X weeks/months> due to your unpaid leave of absence. Your next review date will be scheduled on or about <date>.

Please contact us one week prior to your planned return date, by <date>, to confirm your return-to-work date.

We wish the best for you and look forward to hearing from you on <date>.

Please let me know if you have any questions regarding your leave of absence. I can be reached at <phone number> or <email>.

Sincerely,

<Name>

<Title>