**FMLA - CFRA Denial Notification - Not Eligible Letter (OVCA3214)**

Send Certified And Regular Mail

Certification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

NAME

ADDRESS

Dear NAME:

COMPANY has received information on DATE, indicating your request for leave under the federal Family First Family Medical Leave Act (FMLA).

**Your request for Family First FMLA leave is not approved based on the following:**

You have not met the Family First FMLA’s 30 day length of service requirement. As of the first day of requested leave date, you will have worked approximately \_\_\_ days towards this requirement. \*

You have/will have exhausted your current FMLA leave 12 week eligibility for the current annual FMLA period on DATE [INDICATE THE DATE THE CURRENT FMLA 12 WEE PERIOD WILL END]. You next year annual FMLA leave eligible starts on DATE [INDICATE THE DATE FMLA ELIGIBLITY WILL START AGAIN].

\*Please note, when you meet the 30-day worked service requirement, your eligibility will be re-evaluated. Please do not hesitate to request leave at that time. Refer to the Family First FMLA guidelines for specific leave request requirements. If the request for FMLA leave was related to a COVID-19 related serious health condition for yourself or others, and you are not eligible for FMLA at this time, please contact HR regarding potential protection under FMLA/FEHA, if you believe you may have a you have a qualifying disability.

Remember that if you are absent because of your own illness or injury, you must provide COMPANY with a Certification of Health Care Provider for Employee Return to Work (RTW) form when you return to work (see enclosed).

If you have any questions, please feel free to contact me.

Name: CONTACT NAME AND TITLE

Phone: CONTACT INFORMATION

Enclosures:

1. Certification of Health Care Provider for Employee to Return to Work Form
2. State Disability/Paid Family Leave pamphlet