Use this if the person will be out of work due to their injury and qualifies for FMLA. If any questions about what that means, contact Diocesan HR.

«State»

Dear ,

I hope this letter finds you feeling well. I have recently received a report of your on-the-job injury that occurred on <date>. It appears from that report that your injury may qualify for Family Medical Leave (FMLA). Therefore, I am forwarding the enclosed FMLA paperwork to you to be completed by your health care provider. As you are probably aware, you are entitled to a total of 12 weeks of job-protected FMLA within any 12 consecutive months. Those 12 weeks of FMLA can be consecutive or taken intermittently.

Once your physician has completed and signed the enclosed certification of health care provider form, please return it to <location coordinator> as soon as possible and no later than 15 days from the date of this letter. Meanwhile, I will go ahead and place you in FMLA status pending receipt of your certification form. If you have any questions regarding this form, please do not hesitate to contact me at <phone number>

I wish you well in your recovery and look forward to hearing from you soon.

Very truly yours,

Name

Title

Copy Supervisor