FAMILY AND MEDICAL LEAVE
TRANSMITTAL MEMO

_____ _____/_____/_____ _____
Employee Name (first, mi, last) Social Security No. Employee No.

_____ _____/_____/_____
Department FMLA Representative Date

This correspondence is provided to inform you of your rights and responsibilities pursuant to the Family and Medical Leave Act (FMLA). In that regard, attached are the following as checked:

- ☐ Family & Medical Leave Transmittal Memo
- ☐ A. Notice to Employees of Rights Under FMLA
- ☐ B. Family and Medical Leave Request/Notice
- ☐ C. U.S. Department of FMLA Fact Sheet #28: The Family and Medical Leave Act of 1993
- ☐ D. Notice to Employee of Eligibility and Rights & Responsibilities of FMLA Leave, Form WH-381
- ☐ E. Certification of Health Care Provider, U.S. Department of Labor Form WH-380-E for employee; or
- ☐ E. Certification of Health Care Provider, U.S. Department of Labor Form WH-380-E for family member
- ☐ F. Statement of Family Relationship
- ☐ G. Family and Medical Leave Designation Notice, Form WH-382
- ☐ H. Leave Authorization Request, Revised P.D. Form 206
- ☐ I. Employee Authorization for Clarification/Authentication of Medical Certification
- ☐ J. Fitness for Duty Certification
- ☐ K. Schedule for Reduced/Intermittent Leave
- ☐ L. Health Benefits Continuation
- ☐ M-QE. Certification of Qualifying Exigency for Military Family Leave, WH-384
- ☐ M-SHC. Certification for Serious Injury or Illness of Covered Servicemember – for Military Family Leave, WH-385

Only the documents that are (or may be) applicable at this time have been provided.

Please read these forms and documents carefully and follow the instructions. If you use leave pursuant to the FMLA, your appropriate accrued paid leave (vacation, sick, donated sick, and/or personal leave days granted under the City's Plan) shall be used concurrently with FMLA leave. Unpaid FMLA leave shall be used only after your applicable paid leave is exhausted.

If you have any questions regarding the Family and Medical Leave Act, please contact your Department FMLA representative.

I acknowledge receipt of noted document(s)

_____ _____
Employee's Signature Department FMLA Coordinator's Signature

cc: _____
Employee's Supervisor or Human Resources Liaison