

SAMPLE APPROVAL LETTER

Date:

Dear _____,

Your request of _____, for use of family leave has been received and approved effective _____, and continuing through the close of business _____. This period of time will be counted toward your twelve weeks of family leave entitlement.

As requested, your leave will be charged as follows:

_____ # of days sick leave

_____ # of days annual leave

_____ # of days leave without pay

While on family leave without pay, health care benefits may be continued with the State Health Benefit Plan and the Flexible Benefits Plan. You must complete SHBP forms MS66-003 and, if applicable, SHBP MS66-005 to continue health coverage. The Personnel Technician will send these forms and more information upon receipt of this letter.

You are expected to return to duty on _____. A physician's statement certifying that you are able to return to work will be required. If you are unable to return to work at the expiration of your family leave, you are expected to contact the Personnel Manager by _____ to request other appropriate leave options.

At the expiration of your family leave, you are entitled to return to your former position or to a position of equal grade and pay without loss of any rights, providing you have complied with the terms of the leave as specified in this letter and in McIntosh Trail Policy # 3204, FAMILY LEAVE.

Please be advised that failure to comply with these terms may result in your release from employment in accordance with the Rules of the State Personnel Board.

Should you have any questions on the above, please contact me immediately.

Sincerely,

Signature of Clinical Director of MH/AD Services or
Director of Developmental Disabilities Services

cc: Personnel Manager