

Notice to Employer of Changes in Leave Plans

Date: _____

From: _____
(Employee's name)

Title: _____ Department: _____

Supervisor: _____

RE: Approved FMLA leave

On _____,
(Date)

I began an approved leave of absence for _____.
(Reason)

I had agreed to return on _____
(Date)

I wish to inform you that:

I am able to return before that date and am available for restoration to my position on _____
(Date)

OR

I am unable to return to work on the above agreed-upon date because _____

(Reason)

I am requesting additional leave until _____
(Date)

OR

I do not intend to return to work.

Please contact me to discuss this matter further. You may reach me at _____
(Telephone)