

**MEMORANDUM**

**TO:**

**FROM:**

**DATE:**

**SUBJECT: Family Medical Leave Notification**

On \_\_\_\_\_, the University was notified of your need for family medical leave due to:

- the birth of a child.
- the placement of a child for adoption or foster care.
- a serious health condition for which you need care.
- a serious health condition affecting your \_\_\_\_\_ spouse, \_\_\_\_\_ child, \_\_\_\_\_ parent for which you are needed to provide care.

Your leave was requested for the period of \_\_\_\_\_ through \_\_\_\_\_.

xc: Director of Human Resource Services