

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: Susan Pogue, Director of Human Resource Services