

**FMLA Usage Notification**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

BAID: \_\_\_\_\_

\_\_\_\_ Acute (single episode) Absence

RE: First Date of Absence: \_\_\_\_\_

Case Number: \_\_\_\_\_

As you have been advised, you are approved for FMLA for the period from \_\_\_\_\_ through \_\_\_\_\_. Provided there is no deviation from your anticipated leave schedule, this results in \_\_\_\_\_ (days, hours) of FMLA time being charged against your annual FMLA leave allotment. Please note that this amount represents actual scheduled work days missed, and does not include non-scheduled work days.

If applicable:

You will exhaust your FMLA entitlement as of: \_\_\_\_\_

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\_\_\_\_ Intermittent Absence

You have requested information on how much FMLA leave has been charged against your FMLA leave allotment for calendar year \_\_\_\_\_. As of \_\_\_\_\_ company records indicate that you have used \_\_\_\_\_ (days/hours) of FMLA leave. This total does not reflect any pending absences.

If applicable:

You have exhausted your FMLA entitlement as of: \_\_\_\_\_