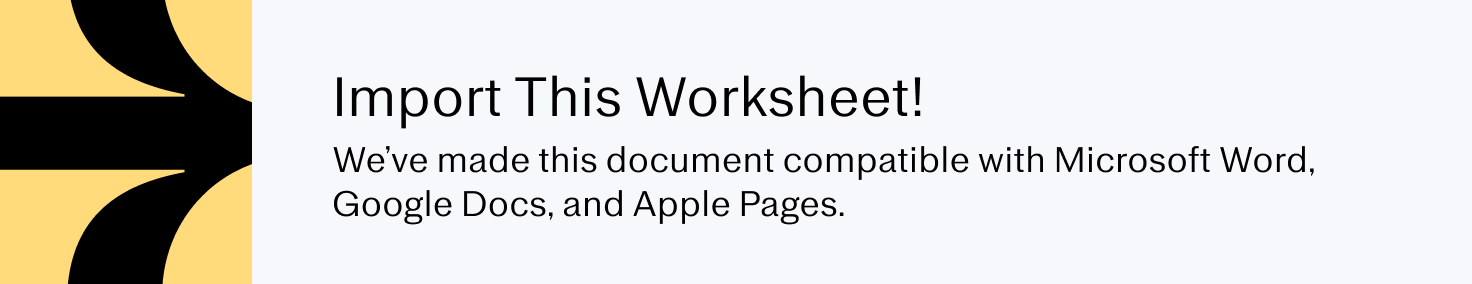
Leave of Absence (ADA) Letter

Instructions

Use this template to customize your own version of this letter. It's easy! Just insert the applicable information in the brackets and paste the new text onto your company’s letterhead.

We also recommend reviewing the final document with a lawyer to ensure compliance with all applicable laws.



**[DATE]**

**[EMPLOYEE NAME]**

**[EMPLOYEE ADDRESS]**

**[COMPANY PHONE NUMBER]**

Regarding Leave of Absence: ADA Eligible Notification

Sent via **[email address, Hand delivered, Certified USPS #]**

Dear **[Employee name]:**

On **[date]**, you notified us of your need to take a leave of absence beginning on **[beginning date]** until **[ending date]** due to:

* The birth of a child, or the placement of a child with you for adoption or foster care.
* A serious health condition that makes you unable to perform the essential functions of your job.
* A serious health condition affecting your (spouse/child/parent), for which you are needed to provide care.
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**At this time, you are not eligible for leave under federal or state leave laws. However, you have met ADA eligibility requirements for an unpaid personal leave of absence.**

**Your request for a personal leave of absence from [beginning date] until [ending date] has been approved.**

You **[will/will not]** be required to use any accrued paid leave prior to taking unpaid leave.

**[Company Name]** will continue to pay its portion of the cost of your benefits, including health, dental, life and disability insurance benefits, while you are on this leave of absence. You will be required to pay your portion of the benefits upon your return.

Benefits such as paid time off will accrue while you are on a leave of absence, however, sick time will not accrue.

While on leave, you **[will/will not]** be required to furnish us with periodic reports every **[indicate interval of periodic reports, as appropriate for the particular leave situation]** of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated, you **[will/will not]** be required to notify us at least three work days prior to the date you intend to report to work.

If you are unable to return by the end of your leave, you must request an extension of the leave, in writing, five days prior to the leave expiration date. If **[Company Name]** does not extend the leave, you must return to work on the originally scheduled return date or be considered to have voluntarily resigned from your position. Extensions of leave will only be considered on a case-by-case basis.

If you are on a leave of absence due to medical reasons, you must submit a physician's statement releasing you back to work on or prior to your date of return.

Upon the expiration of the leave, you may be returned to your former position, if available. If the position is not available, you may be offered another available position for which you are qualified. If no position is available when you are able to return to work, you will be terminated and may apply for the next available position.

Failure to return to work upon the expiration of the leave of absence or refusing an offer of reinstatement for which you are qualified will be considered a voluntary resignation of employment.

If you have any questions, please contact me at **[phone number]**.

Sincerely,

**[HR REP NAME]**

**[TITLE]**

CC: **[MANAGER NAME]**