



Delaware Department of Human Resources

August 7, 2023



Dear [REDACTED]:

The purpose of this letter is to acknowledge your request for Family Medical Leave (FMLA) and to provide you with more information about our policy and your FMLA rights and responsibilities. The Department of Health and Social Services offers eligible employees up to twelve workweeks of FMLA during a twelve month period to care for an employee's child after birth, adoption, or placement in foster care; for an employee's own serious health condition; to care for a spouse, son, daughter, or parent with a serious health condition; or because of a qualifying exigency arising out of the fact that your spouse, son, daughter, or parent is a covered military member on covered active duty or call to covered active duty.

Since you have at least one year of service and have worked at least 1250 hours during the last twelve months, you are eligible for FMLA. The FMLA Notice of Eligibility and Rights and Responsibilities form verifies the purpose of your leave and details your rights and responsibilities during an FMLA absence.

While on FMLA, employees may retain one week of sick and one week of annual leave. Please notify me via phone or email if you elect to hold back a week of sick leave, annual leave, or both.

In order for us to determine whether your absence is covered under the Department of Health and Social Services FMLA policy, you must have the Certification of Health Care Provider form for Serious Health Condition completed in its entirety. Please return the completed Certification form to me as soon as possible, but no later than 15 calendar days from the date of this letter. If the Certification form is not received within 15 calendar days, this may result in a denial.

Please notify me of any special circumstances contributing to a possible delay in providing the completed Certification form for review. The approval of your leave is contingent upon, among other things, Department of Health and Social Services' timely receipt of this form.

Please feel free to contact me at [REDACTED] or email me at [REDACTED] if you have any questions or comments.

Sincerely,



ACT Case Manager