**SAMPLE Eight Week Leave Approval Notice to Employee**

(Date)

(Name)

(Address)

(City, State, Zip)

Dear (Name):

Your request for continuous leave to recover from a medically related disability is approved under Iowa Administrative Code Chapter 11.63.5(4).

|  |  |
| --- | --- |
| Start date: |   |
| End date: |   |

Please let me know immediately if your return to work status changes.

Please let me know immediately if you’re unable to return to work before the maximum eight-week leave period is exhausted. You will be required to submit medical certification before for additional leave without pay is considered. Management will consider the operational needs of the agency before granting additional leave without pay.

**Reminder**: per Iowa Administrative Code Chapter 11.63.5(5), if you apply for leave under the Family and Medical Leave Act, any leave without pay under FMLA shall run concurrently with the leave granted under this rule.

Sincerely,

(Name)

(Title)

(Phone number)

(Email address)

cc: (Name and Title)

Personnel file

(Name) DAS-HRE Personnel Officer