



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Date _____

Name _____

Address _____

City, State Zip _____

Dear _____,

This letter is to inform you that your request for Family Medical Leave, beginning _____ and ending _____, has been approved. Under the Family Medical Leave Act (FMLA), your approval for unpaid leave is based on one of the following qualifying reasons:

- Personal Health Condition (_____) or Qualifying Exigency under Military Amendment - the above ending date is either 12 weeks from the approval date or the date sought in the certification; whichever date is earlier.
- For Care of Qualified Family Member – the above ending date is either six (6) months from date requested or the date sought, whichever is less.
- For Care of Service member – the above ending date is either 26 weeks from the approval date or the date sought in the certification, whichever is less.

In most circumstances, upon release by your physician, you will be returned to the same or equivalent position. Under the Department’s policy, you are permitted to apply your accumulated leave time to this period of unpaid leave. If you pay a portion of your health care costs, you will be required to continue to contribute that amount during your absence in order to maintain your health insurance. Contact the FMLA Coordinator in the Bureau of Human Resources at (850) 717-2662 for questions concerning leave and the Benefits Coordinator at (850) 717-2660 for questions concerning health care benefits.

IF LEAVE NOT INTERMITTENT:

While on FMLA leave, you are required to submit a medical certification to me every thirty (30) days if the certification form does not provide a return date. When the duration of a condition is described as “lifetime” or “unknown” a medical certification is required every 6 months. You are responsible for ensuring the medical certification reaches your supervisor within enough time to meet the deadlines below.

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Rick Scott, Governor

Timothy Niermann, Interim Secretary

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

Upon expiration of leave or recovery, you may not be permitted to return to work until each treating physician has certified that you are able to return to full duty. Any delay in returning the final certification releasing you to full duty may be considered unauthorized leave without pay and may result in discipline up to and including dismissal.

You will be required to submit certifications on the following dates:

_____ **(Thirty days from initial approval or certification requested time.)**
_____ **(Thirty days from the above date or within certification requested time.)**
_____ **(Date leave ends.)**

During your absence, you will be required to continue to submit timesheet that reflect your absences and use of FMLA. Without these certifications, I will be unable to approve your timesheets and leave. Therefore, failure to return these certifications by the due date may result in leave without pay, delay in time approval, or discipline up to and including dismissal.

IF INTERMITTENT:

Because your leave is intermittent, you will need to inform me of each FMLA-related absence for FMLA tracking. Doctors' notes should be provided whenever possible to verify the absence. Recertification is required every 6 months.

Please contact me with any questions.

Sincerely,

Insert Supervisor's Name & Title

Attachments:

FMLA Poster

cc: Official Personnel File