

**NOTICE OF ACTION ON REQUEST FOR FAMILY & MEDICAL LEAVE
(FMLA)**

From: _____, Superintendent
SWTC, 711 W. Tamarack
Altus, Oklahoma 73521
(580) 477-2250

Date: _____

To: _____
(Name of Employee)

(Street Address)

(City/State/Zip)

Info Copy To: _____
(Supervisor)

Your request for Family and Medical Leave (FMLA) has been approved as per your request. The first day of FMLA will be: _____ (Date).

You have the following leave available to you before entering into leave without pay status:

Sick Leave

Certified – current accrual _____ hours

Non-certified Support Staff – projected to date
of anticipated return to duty _____ hours

Personal Business Leave _____ hours

Annual Leave (12-month staff) _____ hours

TOTAL PAID LEAVE AVAILABLE: _____ hours

Based on the projected or actual start date of FMLA, leave without pay will begin on _____ (date).

Paychecks received after _____ (date) will reflect an adjustment based on the leave without pay status.

If “N/A” has been placed where date is indicated, you are advised that your leave is sufficient to prevent your entering a leave without pay status during FMLA based on your projected date for return to work. For further information, please confer with your supervisor and/or the administrative office.