

ENPOINTE

WITHDRAWL OF FAMILY/MEDICAL LEAVE DESIGNATION

Date: _____

To: _____

From: _____

On _____, we sent you a Notice that ENPOINTE had approved your Family/Medical Leave. Along with that notice, we also requested additional information in order to confirm the absence as qualifying for Family/Medical Leave.

This is to inform you that ENPOINTE is withdrawing the previous Notice approving your Family/Medical Leave for the following reason(s):

- ☐ Information you provided did not support your absence as qualifying for Family/Medical Leave.
- ☐ You did not provide the information requested in order to confirm the absence as qualifying, and ENPOINTE does not have adequate information to support your absence as qualifying for Family/Medical Leave.
- ☐ Records indicate you have exhausted your Family/Medical Leave eligibility for the Benefit Year.

☐ Other _____

This notice is effective as of _____

If you have questions regarding this notice, please contact Human Resources.