

U.S. Department of Labor

Wage and Hour Division
901 St. Louis Street
Suite 305
Springfield, MO 65806

Telephone: (417) 831-5227
FAX: (417) 831-5226



January 6, 2012

[EMPLOYER]
[EMPLOYER ADDRESS]

Re: Family Medical Leave Matter of Employee [NAME]

Dear _____:

This letter is sent pursuant to your request. Thank you for discussing the matter with me on January 6, 2012.

The Wage and Hour Division of the U.S. Department of Labor administers and enforces the Family Medical Leave Act (FMLA). The FMLA entitles eligible employees to take up to 12 weeks unpaid, job-protected leave each year for specified family and medical reasons. The FMLA contains provisions relating to employer coverage; employee eligibility for the benefits of the law; entitlement to leave, maintenance of health benefits during leave; notice and certification of the need for FMLA leave; and protection for employees who request or take FMLA leave. In addition, the law includes certain employer recordkeeping requirements.

In keeping with the FMLA provisions, I have been assigned to review the leave/employment status of [EMPLOYEE NAME]. The reason for this assignment has been explained to you by telephone. As we have discussed a starting point for this review is to obtain some basic information about your enterprise and certain information relating to [EMPLOYEE NAME] employment.

The below listed information regarding your firm is requested:

- Your firm's legal name and home office names and address.
- Federal tax ID number or EIN.
- Corporate officers by name and title.
- The names of each owner and percent of ownership.
- The date the company began operation.
- The number of employees employed by your enterprise.
- A listing of branch establishments and their locations.
- Copies of your firm's paid and unpaid leave policies, including sections of policy manuals and employee handbooks that relate to FMLA leave.
- Copies of disciplinary policies, including points policies.

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With respect to employee [EMPLOYEE NAME], the information itemized below is requested:

- Date of hire.
- Total hours worked for the twelve months preceding the date of 1/14/11.
- Dates of absences and the reason for each absence for twelve months preceding the date of 1/3/12.
- Any records or notices of disciplinary actions, including those for points assessed, for the twelve months preceding the date of 1/3/12.
- Dates of the employee's FMLA leave with your firm in the past two years, prior to 12/20/11.
- All Family and Medical Leave Act forms, notices or certifications provided by the employee for the employee's latest FMLA leave and any other FMLA leave periods in the 12 months preceding the date of 1/3/12.
- All Family and Medical Leave Act notices, general or specific provided to the employee for the employee's latest FMLA leave and any other FMLA leave periods in the 12 months preceding the date of 1/3/12.
- Number of employees at the employee's branch.

Please provide the requested information by 1/11/12.

The review of this matter will be a step-by-step process. This may necessitate the request for additional information along with ongoing discussions. Your cooperation in this matter is appreciated. I can be reached at (417) 831-5227 or (417) 496-2987.

Sincerely,

Erika D. Simon
Investigator

Enclosure: (Link provided: <http://www.dol.gov/esa/whd/fmla/finalrule/factsheet.pdf>)