

MATERNITY LEAVE LETTER

Employee Name: _____
Employee ID: _____
Department: _____

To Whom It May Concern:

This letter serves as formal notification that the above-named employee is entitled to maternity leave in accordance with United States federal and applicable state laws. The employee has requested maternity leave to accommodate the birth and initial care of her child.

Leave Details:

The employee is eligible for up to twelve (12) weeks of unpaid leave under the Family and Medical Leave Act (FMLA), subject to the terms and conditions stipulated therein. The leave may be taken continuously or intermittently as medically necessary. The anticipated duration and schedule of the maternity leave shall be mutually agreed upon between the employee and the employer, consistent with applicable laws and company policies.

Compensation and Benefits During Leave:

During the approved maternity leave period, the employee will maintain health insurance coverage under existing terms, and accrued benefits will continue to accrue as required by law and company policy. The leave period will be unpaid unless the employee elects to use accrued paid leave such as sick leave, vacation, or short-term disability benefits.

Job Protection and Return to Work:

The employee's position, or an equivalent position with equivalent pay, benefits, and working conditions, will be held for her during the maternity leave period in compliance with the FMLA and any applicable state laws. The employee is expected to provide reasonable notice of intention to return to work, and failure to do so may result in forfeiture of job protection rights.

Employee Responsibilities:

The employee is responsible for submitting appropriate medical certification from a healthcare provider to support the need for maternity leave and for maintaining communication with the employer regarding leave status. Failure to provide required documentation may affect eligibility for leave continuation.

Employer Rights:

The employer reserves the right to request periodic status updates and medical recertification as permitted by law. The employer also reserves the right to enforce policies regarding return-to-work fitness and accommodation requests.

Confidentiality:

All medical and personal information related to the employee's maternity leave will be treated as confidential and handled in accordance with applicable privacy laws and company policies.

Governing Law:

This Maternity Leave Letter and the rights and obligations herein shall be governed by and construed in accordance with the laws of the United States and the applicable state law without regard to conflict of laws principles.

Acknowledgment:

By signing below, the employee acknowledges receipt and understanding of this Maternity Leave Letter and agrees to comply with its terms and all applicable policies and laws.

EMPLOYEE SIGNATURE

EMPLOYER REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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