

**Sample Letter 16 – PDL Confirmation Letter  
(Employee Not FML Eligible or  
Employee FML Eligible but Leave Entitlement Exhausted)**

[Date]

[Employee Name]

[Employee Address]

Dear [Employee Name]:

This is to confirm that you are approved for Pregnancy Disability Leave beginning on [date] and ending on approximately [date]. Your return to work date will therefore be [date]. If you need additional leave time due to a disability resulting from your pregnancy, childbirth, or related medical condition, please let \_\_\_\_\_ know as soon as possible.

If you have questions about this, please let me know.

Sincerely,

[Name]

Cc: Benefits  
[ER/LR/HR, as applicable]