[DATE]

Contact Name

Address

Address2

City

Postal Code

**RE: FAMILY RESPONSIBILITY LEAVE**

Dear [EMPLOYEE NAME],

Our adherence to the Basic Conditions of Employment act pertaining to Family Responsibility Leave and Unpaid Sick Leave is an important aspect of our commitment to employees and their families and we would, therefore, like to set out and clarify the conditions of such leave.

**Who is eligible?**  
Employees who have at least one year of service and have worked a minimum of [NUMBER] hours during the year before the leave is requested.

**What leave is available?**

Eligible employees may take up to a total of 3 days paid Family Responsibility leave per calendar year.

Eligible employees may take a total of [NUMBER OF WEEKS] weeks unpaid leave for any person serious health conditions.

**When may Family Responsibility leaves be taken?**

These leave days may be taken for the following reasons:

When your child is born, when your child is sick, in the event of the death of your spouse or life partner, parent or adoptive parent, Grandparent or sibling.

**How far in advance must the leave be requested?**

When the leave is foreseeable, the request must be made [NUMBER] days in advance. When the need for Family responsibility leave is unexpected, the request must be made as soon as possible.

Please refer to the Basic Conditions of Employment for further details.

Kind regards,

[YOUR NAME]

[YOUR TITLE]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]