

**TOWN OF GREENFIELD
NOTICE TO EMPLOYER OF CHANGE
IN FAMILY & MEDICAL LEAVE PLANS**

Employee: _____ Date: _____

Department: _____ Supervisor: _____

On _____, I began an approved leave of absence
for _____.

_____ I had agreed to return on _____; OR,

_____ I was using _____ Leave but I need to change the form of leave.

I wish to inform you that:

_____ A. I am able to return to work before that date and am available for
restoration to my position on _____.

_____ B. I am unable to return to work on the above agreed-upon date due to:

_____ C. I do not intend to return to work.

_____ D. I need to change the type of leave in the following manner: _____

_____ E. I will return to _____ Leave on _____.

Employee Signature: _____