FAMILY CAREGIVING LEAVE OF ABSENCE LETTER

Thomas Okonkwo
2145 Pine Street, Apt 604, Seattle, WA 98101

August 28, 2025

Christina Lindqvist, Chief Nursing Officer
Puget Sound Medical Associates
1801 Broadway, Seattle, WA 98122

Dear Ms. Lindqvist,

Re: Formal Request for Leave of Absence

Please accept this letter as my formal request for a leave of absence from my position as Registered Nurse at Puget Sound Medical Associates. I respectfully ask that you acknowledge receipt of this letter in writing so that we have a shared record of the notice date.

Reason for Leave

My leave is due to the need to care for my Parent, Chukwuma Okonkwo, who has a serious health condition. My father has been diagnosed with terminal illness and has been enrolled in home hospice. I need to travel to care for him during this final phase.

Dates of Leave

I am requesting leave beginning **October 6, 2025** through **December 29, 2025**, a continuous period of approximately 12th (12) weeks.

Legal Framework

I understand that, based on my tenure and hours of service and the size of the Company, I may be eligible for leave under the federal Family and Medical Leave Act, 29 U.S.C. §§2601–2654. This letter is intended to provide the Company with sufficient information to determine whether FMLA applies, consistent with 29 C.F.R. §825.303(b). I understand I am not required to specifically reference FMLA for my rights to attach, and I am requesting that the Company designate the leave as FMLA-qualifying to the extent applicable.

State-Specific Rights

Illinois Paid Leave for All Workers Act. I reserve my rights under the Illinois Paid Leave for All Workers Act, 820 ILCS 192/1 et seq. (effective January 1, 2024), which entitles most Illinois employees

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to accrue up to 40 hours (5 days) of paid leave per year, usable for any reason. I request that any Company-required substitution of paid leave be applied consistent with PLAWA.

Pay and Benefits

I request that my accrued paid time off and sick leave be applied to this leave concurrently, consistent with 29 C.F.R. §825.207 and Company policy.

I understand that under 29 U.S.C. §2614(c) the Company is required to maintain my group health insurance coverage during any FMLA-qualifying portion of this leave on the same terms as if I had continued to work, and I intend to continue paying my share of any applicable premiums. Please let me know the preferred method and schedule for remitting my premium share during the leave period.

Reinstatement

I understand that, under 29 U.S.C. §2614(a), I am generally entitled to be restored to my prior position or an equivalent one upon return from FMLA leave. I also understand that 29 U.S.C. §2614(b) and 29 C.F.R. §825.217 contain a limited "key employee" exception for certain salaried employees in the highest-paid 10%, and I ask that the Company notify me in writing at the earliest practicable time if it believes that exception may apply to me, so that we can discuss it.

Availability During Leave

If my leave is approved, I will be available to assist with urgent questions by phone or email when possible. I do not intend to perform regular work duties during the leave period.

I understand that, under 29 C.F.R. §825.216(e), the Company may not require me to perform work during a protected FMLA leave, and nothing in the availability described above is intended to waive that protection.

Transition Plan

I have coordinated with charge nurse Elena Vasquez and our scheduling coordinator to ensure shift coverage through the end of December. I will complete a clinical-handoff with the incoming float-pool nurse assigned to my patient panel.

Medical Documentation

I am prepared to provide a certification from my healthcare provider to support this leave request. For FMLA-qualifying leave, I understand the Company may require certification on U.S. Department of Labor Form WH-380-E (for my own serious health condition) or WH-380-F (for a family member's serious health condition), and that I have fifteen (15) calendar days to respond to any certification request, consistent with 29 C.F.R. §825.305(b). Please let me know what documentation you need and when.

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Return to Work

I intend to return to my position as Registered Nurse on **December 29, 2025** (or earlier, if circumstances permit), and I look forward to resuming my responsibilities at that time. Nothing in this letter is intended to waive or limit any right I may have to reinstatement under 29 U.S.C. §2614, under the Americans with Disabilities Act, under USERRA, or under applicable state law.

Request to Discuss

Please let me know if you have any questions, if you need additional information, or if there is an appropriate time for us to discuss the terms of my leave of absence. I am committed to working with you to make the transition as smooth as possible for the team and for the Company.

Acknowledgment of Receipt

To confirm the Company's receipt of this notice for purposes of any applicable FMLA or state-leave timing, I request written acknowledgment of this letter (by email or countersignature) indicating the date it was received.

Thank you for your attention to this request.

Sincerely,

Employee

_____ SIGNATURE

_____ PRINTED NAME

_____ DATE

Thomas Okonkwo
Registered Nurse
Employee ID: PSM-5540

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