MEDICAL LEAVE OF ABSENCE LETTER

Andrea Collins
1420 Folsom Street, Apt 3B, San Francisco, CA 94103

August 15, 2025

Priya Shah, VP of Engineering
Meridian Cloud Systems, Inc.
500 Howard Street, Floor 10, San Francisco, CA 94105

Dear Ms. Shah,

Re: Formal Request for Leave of Absence

Please accept this letter as my formal request for a leave of absence from my position as Senior Software Engineer at Meridian Cloud Systems, Inc.. 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 my need to undergo medical treatment and recovery. I have recently been diagnosed with a medical condition requiring a treatment cycle and recovery time. My treating physician has scheduled the treatment for the dates below.

I am providing this general description consistent with the level of detail required to place the Company on notice under applicable federal and state leave laws. I am not required to disclose a specific diagnosis in this letter, and I respectfully reserve the right to provide additional medical detail only through appropriate certification channels and only to the extent required by law.

Dates of Leave

I am requesting leave beginning **September 15, 2025** through **November 10, 2025**, a continuous period of approximately 8th (8) weeks.

The anticipated return-to-work date is subject to my healthcare provider's clearance.

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

Medical Leave of Absence Letter • Document.com • SAMPLE

attach, and I am requesting that the Company designate the leave as FMLA-qualifying to the extent applicable.

ADA — Interactive process. To the extent my underlying condition constitutes a disability under the Americans with Disabilities Act, 42 U.S.C. §§12101 et seq., I am also requesting that this leave be considered a reasonable accommodation under 42 U.S.C. §12112(b)(5)(A), and I am willing to engage with the Company in the interactive process required by applicable EEOC guidance. I understand that ADA leave-as-accommodation is not capped at 12 weeks and is instead evaluated under an undue-hardship analysis. Nothing in this letter waives any right I may have to a reasonable accommodation or to reinstatement.

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 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

Medical Leave of Absence Letter • Document.com • SAMPLE

protection.

Transition Plan

I will prepare detailed handoff documentation for my active projects (the billing-service migration and the auth-refactor) and will meet with Priya and the team lead before my last working day. David Kim has agreed to serve as the primary point of contact for the billing workstream; Maya Okafor will cover the auth workstream.

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.

Confidentiality

I respectfully request that any medical information I provide in support of this leave — including any diagnosis, treatment plan, or prognosis — be maintained as confidential, kept on separate forms and in separate files from my personnel file, and disclosed only as permitted under 42 U.S.C. §12112(d)(4) and applicable state law. To the extent any information I provide may constitute "genetic information" under the Genetic Information Nondiscrimination Act, 42 U.S.C. §2000ff-1, I ask that it be handled consistent with GINA's confidentiality requirements.

Return to Work

I intend to return to my position as Senior Software Engineer on **November 10, 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

Medical Leave of Absence Letter • Document.com • SAMPLE

it was received.

Thank you for your attention to this request.

Sincerely,

Employee

_____ SIGNATURE

_____ PRINTED NAME

_____ DATE

Andrea Collins
Senior Software Engineer
Employee ID: SF-4821

Medical Leave of Absence Letter • Document.com • SAMPLE