

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Missing Documentation for Short-Term Disability (STD) Claim

Dear [Employee Name],

We have received your request for Short-Term Disability (STD) leave beginning on [Leave Start Date].

At this time, we are unable to process your claim because the following documentation is missing:

- [Specify Document, e.g., Physician's Statement]
- [Specify Document, e.g., Functional Capacity Form]
- [Specify Document, e.g., Signed Release of Information]

Please submit the required documents to the [HR Department/Benefits Office] no later than [Deadline Date]. Failure to provide this information by the specified date may result in a delay or denial of your disability benefits and may affect the protection of your leave status.

You may submit these documents via:

- Fax: [Fax Number]
- Email: [Email Address]
- In-Person/Mail: [Office Address]

If you have already sent this information, please contact us immediately so we can update your file. If you have any questions regarding these requirements, please contact [Contact Person Name] at [Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Company Name]