[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notice of Workers' Compensation Leave Denial

Dear [Employee Name],

We are writing to formally notify you that your request for Workers' Compensation leave, submitted on [Date of Request], regarding your injury/illness reported on [Date of Injury], has been denied.

This decision was made based on the following reason(s):

- [Insert reason, e.g., Medical documentation does not support a work-related injury.]
- [Insert reason, e.g., The injury did not occur within the course and scope of employment.]
- [Insert reason, e.g., Failure to provide required medical certification.]

As a result of this denial, any time away from work related to this claim will not be coded as Workers' Compensation leave. If you are unable to return to work, you may be eligible for other types of leave, such as the Family and Medical Leave Act (FMLA) or accrued personal leave, subject to company policy and eligibility requirements.

If you disagree with this decision, you have the right to appeal. You may submit additional medical documentation or contact the [State Workers' Compensation Board/Insurance Carrier] at [Phone Number/Contact Info] to discuss your rights.

Please contact the Human Resources Department at [HR Phone Number] if you have questions regarding your employment status or benefit options.

Sincerely,

[Name]
[Title]
[Company Name]