[Date]

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

Re: Fitness-for-Duty Certification for Return from FMLA Leave

Dear [Employee Name],

We look forward to your return to work following your Family and Medical Leave Act (FMLA) leave. As previously noted in your FMLA Designation Notice, you are required to provide a fitness-for-duty certification from your healthcare provider before returning to work.

Please have your healthcare provider complete the attached form or provide a signed statement addressing your ability to perform the essential functions of your position. For your provider's reference, I have enclosed a copy of your current job description which outlines these essential functions.

The certification must specifically state whether:

- You are able to resume work without restrictions.
- You are able to resume work with specific functional limitations (please list the nature and expected duration of any restrictions).

Your anticipated return date is [Date]. Please submit the completed certification to the Human Resources Department no later than [Date/Time]. Please be advised that your return to work may be delayed until this certification is received.

If you have any questions regarding this requirement, please contact [Name/Department] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]

Enclosures: Job Description, Fitness-for-Duty Certification Form