

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Denial of Non-FMLA Medical Leave of Absence

Dear [Employee Name],

We have received and reviewed your request for a Non-FMLA Medical Leave of Absence starting on [Start Date] and ending on [End Date]. After careful consideration of your request and our current operational requirements, we regret to inform you that your request for leave has been denied.

The reason for this denial is: [Insert Reason, e.g., business necessity, exhaustion of available leave, or failure to meet eligibility criteria].

As a result of this denial, you are expected to report to work as scheduled. If you are unable to report to work, please contact your supervisor immediately to discuss your availability and any alternative options that may be available to you.

If you have any questions regarding this decision or wish to discuss potential workplace accommodations under the Americans with Disabilities Act (ADA), please contact the Human Resources Department at [Phone Number/Email].

Sincerely,

[Name]

[Title]

[Company Name]