

**Date:** [Insert Date]

**To:** [Employee Name]

**Employee ID:** [Insert ID]

**Department:** [Insert Department]

**Subject: Notification of Medical Certification Requirement**

Dear [Employee Name],

This letter is to formally notify you that we require medical certification regarding your recent absence or request for leave starting on [Start Date].

To process your request and determine your eligibility for [Leave Type, e.g., FMLA, Sick Leave, or Disability Benefits], you must provide a completed Medical Certification Form from your healthcare provider. This documentation must include:

- The date the condition commenced.
- The probable duration of the condition.
- Appropriate medical facts regarding the condition as it relates to your ability to perform your job functions.

Please ensure that the completed certification is returned to the [Human Resources Department/Name of Supervisor] no later than [Insert Deadline Date, typically 15 days from receipt].

Failure to provide the requested documentation within this timeframe may result in a delay or denial of your leave approval and may impact your job protection or pay status.

If you have any questions or anticipate difficulty obtaining this information by the deadline, please contact me immediately at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

**Enclosure:** [Name of Medical Certification Form]