

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Clarification Required for Medical Certification

Dear [Employee Name],

We have received the medical certification documentation submitted on [Date] regarding your request for [Type of Leave, e.g., FMLA/Medical Leave].

Upon review, we have determined that the certification is incomplete or insufficient to process your request. Specifically, the following information is missing or requires further clarification:

- [List specific missing information, e.g., duration of leave, frequency of episodes, or provider signature]
- [List any ambiguous entries that need explanation]

To ensure your leave is properly designated and protected, please provide the requested information or a corrected certification form by [Deadline Date - typically 7 days].

You may have your healthcare provider contact [Name/Department] directly, or you may return the updated documentation to [Office Location/Email Address].

Failure to provide this clarification within the specified timeframe may result in the delay or denial of your leave request.

Sincerely,

[Your Name]

[Your Title]

[Company Name]