

[Date]

[Employee Name]

[Employee ID]

[Address]

[City, State, Zip Code]

Subject: Notice of Family Medical Leave Act (FMLA) Request Denial

Dear [Employee Name],

We have reviewed your request for Family and Medical Leave (FMLA) submitted on [Date Request Received]. We regret to inform you that your request has been denied for the following reason(s):

- You have not been employed by the company for the required 12-month period.
- You have not worked the minimum 1,250 hours required during the previous 12-month period.
- Your medical certification does not support a "serious health condition" as defined by FMLA.
- You have already exhausted your 12-week FMLA entitlement for the current leave year.
- The company does not meet the threshold of 50 employees within a 75-mile radius.
- Other: [Specify Reason]

Please note that while your leave is denied under FMLA, you may still be eligible for leave under other company policies or state-specific programs. We encourage you to contact the Human Resources Department at [Phone Number/Email] to discuss alternative options or if you have additional information to provide.

Sincerely,

[Your Name]

[Title]

[Company Name]