

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Incomplete or Insufficient Medical Certification for Family Medical Leave

Dear [Employee Name],

We received the medical certification you submitted on [Date] in support of your request for Family Medical Leave (FML). However, the certification is currently incomplete or insufficient to determine whether your request qualifies for protected leave.

The following information is missing or requires further clarification:

- [Specify missing information, e.g., duration of leave, frequency of episodes, or provider signature]
- [Specify vague information, e.g., "unknown" or "as needed" without parameters]

Please provide the requested information to [Department/Contact Name] no later than [Date - must provide at least 7 calendar days].

Failure to provide this information by the deadline may result in the denial of your leave request. If your leave is denied, your absences may be considered unexcused and subject to the company's standard attendance policy.

If you have any questions or are having difficulty obtaining this information from your healthcare provider, please contact me immediately at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]