

**Date:** [Date]

**To:** [Employee Name]

**Employee ID:** [ID Number]

**Subject:** SECOND OPINION REQUIRED - Pending Family and Medical Leave (FMLA) Designation

Dear [Employee Name],

We received your medical certification dated [Date] in support of your request for Family and Medical Leave (FMLA) beginning on [Start Date].

At this time, your FMLA leave designation is **PENDING**. Under the provisions of the Family and Medical Leave Act, the company has reason to doubt the validity of the medical certification provided. Therefore, we are requiring you to obtain a second medical opinion at the company's expense.

**Second Opinion Appointment Details:**

- **Health Care Provider:** [Name of Doctor/Clinic]
- **Location:** [Address]
- **Date and Time:** [Date/Time]

Please note the following:

- The company will pay for the cost of this examination.
- The company will reimburse you for reasonable travel expenses incurred to attend this appointment.
- While the second opinion is pending, you are provisionally entitled to FMLA leave. However, if the second opinion does not certify your need for leave, the absences may be treated as unexcused under our standard attendance policy.
- Failure to attend this appointment or cooperate in this process may result in the denial of your FMLA request.

If the second opinion conflicts with your original certification, the company may require a third and binding medical opinion from a provider mutually agreed upon by both you and the company.

If you have any questions regarding this requirement, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Name]

[Title]

[Company Name]