

[Date]

[Employee Name]
[Employee ID]
[Employee Address]

Subject: Request for Recertification of Intermittent Leave

Dear [Employee Name],

Our records indicate that you are currently approved for intermittent leave under the [FMLA / State Law / Company Policy] for the period ending [Current Expiration Date].

In accordance with our leave policy, we require updated medical documentation to evaluate your continued need for intermittent leave. To remain eligible for protected leave, please have your healthcare provider complete the enclosed certification form.

Please ensure that the completed documentation is returned to the Human Resources Department by [Due Date - typically 15 days from receipt].

Failure to provide the requested recertification by the deadline may result in the delay or denial of your leave protection for future absences.

If you have any questions regarding this request or if your medical condition has changed, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Name]
[Your Title]
[Company Name]

Enclosure: [Medical Certification Form Name]