Date: [Date]

To: [Employee Name]

From: [Name/Department]

Subject: Clarification Needed: Request for Medical Documentation

Dear [Employee Name],

We have received the medical documentation submitted on [Date] regarding your request for a workplace accommodation. After reviewing the information provided, we find that the documentation is incomplete and requires further clarification to process your request.

Specifically, the following information is missing or requires more detail:

- [Specify missing information, e.g., Duration of the restriction]
- [Specify missing information, e.g., Specific functional limitations]
- [Specify missing information, e.g., Nexus between the disability and the requested accommodation]

To help us understand your needs and engage in the interactive process, please have your healthcare provider complete the attached form or provide a supplemental letter addressing the items listed above.

Please submit the requested information to [Department/Contact Name] by [Deadline Date]. If you are unable to meet this timeframe, please let us know as soon as possible.

All medical information will be kept confidential in accordance with applicable laws.

Thank you for your cooperation.

Sincerely,

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