[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notice of Incomplete/Insufficient Certification of Health Care Provider

Dear [Employee Name],

We received the Certification of Health Care Provider for your own serious health condition on [Date Received]. However, the certification is incomplete or insufficient to determine your eligibility for leave under [Company Name] policy and applicable laws.

To process your request, the following information is still required:

- [List specific missing information or clarify what is vague, e.g., "The probable duration of the condition is missing."]
- [List specific missing information, e.g., "The medical facts regarding your inability to perform job functions are insufficient."]

Please provide the missing or clarified information to [Department Name/Contact Person] by [Deadline Date - typically 7 calendar days]. Failure to provide a complete and sufficient certification may result in the denial of your leave request.

If you have any questions regarding what is needed, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

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