[Date]

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

Dear [Employee Name],

Subject: Denial of Leave Request - Unverified Certification

This letter is to inform you that your request for leave regarding your own serious health condition is being denied at this time.

On [Date], we requested that you provide a completed Certification of Health Care Provider form to support your leave request. We received a submission on [Date]; however, the certification is considered unverified for the following reason(s):

- [ ] The health care provider failed to respond to our attempts to clarify/authenticate the document.
- [ ] The certification was submitted without a valid signature or official credentials.
- [ ] The information provided is insufficient to determine if the condition qualifies under company policy/law.
- [ ] Other: [Specify Reason]

We previously notified you on [Date] regarding the missing or incomplete information and provided you with [Number] days to cure these deficiencies. As of today, we have not received the necessary verification.

As a result, your absence from [Date] to [Date] cannot be designated as protected leave. Failure to provide the required documentation may result in these absences being treated as unexcused, which may lead to disciplinary action according to our attendance policy.

If you are able to provide the required verification, please submit it to the Human Resources department immediately for reconsideration.

Sincerely,

[Name]
[Title]
[Company Name]