

Date: [Current Date]

To: [Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: SECOND NOTICE: Missing Health Care Provider Certification

Dear [Employee Name],

We are writing to follow up on our previous request dated [Date of Original Request] regarding the required Health Care Provider Certification for your recent leave request.

As of today, we have not received the completed certification form. This documentation is necessary to determine if your absence qualifies for [FMLA/CFRA/Company Policy] protections and to approve your leave of absence.

Please submit the completed certification to the [Human Resources Department/Leave Administrator] no later than [Deadline Date].

Failure to provide the requested medical certification may result in the denial of your leave request and may lead to your absences being treated as unexcused, which could result in disciplinary action according to company policy.

If you have already sent this document, please disregard this notice. If you are experiencing difficulties obtaining the certification from your healthcare provider, please contact us immediately at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]