

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notice of Incomplete/Insufficient Medical Certification

Dear [Employee Name],

We received the medical certification submitted on [Date] regarding your request for leave to care for your family member, [Family Member Name].

Upon review, we have determined that the certification is incomplete or insufficient to process your request. Specifically, the following information is missing or requires clarification:

- [List specific item missing, e.g., Signature of healthcare provider]
- [List specific item missing, e.g., Estimated frequency and duration of episodes]
- [List specific item missing, e.g., Description of medical facts]

Please provide the requested information to [Department Name/Contact Person] no later than [Date - typically 7 calendar days], to ensure your leave is properly designated. Failure to provide a complete and sufficient certification may result in the denial of your leave request.

If you have any questions or if you anticipate difficulty in obtaining this information by the deadline, please contact me immediately at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]