

[Your Name]
[Your Employee ID]
[Your Phone Number]
[Your Email Address]

[Date]

[Manager's Name or HR Department Name]
[Company Name]
[Company Address]

Subject: Request for Recertification of Family Member Health Condition

Dear [Name of Contact Person or Human Resources],

I am writing to formally request a recertification for my ongoing leave under [FMLA / Employer Leave Policy] to care for my [Family Member's Relation, e.g., Mother, Spouse, Child], [Family Member's Name].

My family member continues to suffer from a serious health condition that requires my assistance and intermittent care. As my previous certification is nearing its expiration or requires renewal, I am providing this notice to ensure my leave status remains current and compliant with company policy.

I have attached the updated medical certification forms completed by [Family Member's Name]'s healthcare provider. This documentation confirms the continued necessity for leave and the estimated frequency of care required.

Please let me know if there are any additional forms or steps I need to complete to process this recertification. I appreciate your continued support during this time.

Sincerely,

[Your Signature]

[Your Printed Name]