

[Date]

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

Subject: Denial of Leave Request - Insufficient Health Care Provider Certification

Dear [Employee Name],

We are writing to formally notify you that your request for leave under [Family and Medical Leave Act / Company Leave Policy] is denied at this time.

This decision is based on the Medical Certification form submitted on [Date] for the following reason(s):

- The certification was incomplete (missing required information).
- The information provided by your health care provider was insufficient to determine a qualifying medical condition.
- The certification was not returned within the required 15-day timeframe.
- The certification failed to clarify the duration or frequency of the requested leave.

On [Date of Previous Notice], we requested that you provide the necessary documentation or clarification by [Deadline Date]. As of today, we have not received the required information to approve your absence.

Consequently, your absences starting from [Start Date] will be treated as [Unexcused / Charged to Personal Time / Subject to Attendance Policy].

If you are able to provide the completed and sufficient certification, we will re-evaluate your request. Please submit any additional documentation to the Human Resources department as soon as possible.

If you have any questions regarding this notice, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Signature]
[Sender Name]
[Title]
[Company Name]