

[Date]

[Healthcare Provider Name]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

RE: Clarification of FMLA Medical Certification for [Employee Name]

Dear [Healthcare Provider Name],

We have received the Family and Medical Leave Act (FMLA) certification form you completed for [Employee Name] on [Date].

Upon review, we found that the information provided regarding the frequency and duration of the employee's intermittent leave is "undefined" or otherwise incomplete. Specifically, the following section requires clarification:

- **Frequency:** Please provide an estimate of how many times per week or month the employee's condition will require them to be absent from work.
- **Duration:** Please provide an estimate of how long each absence or "flare-up" is expected to last (e.g., hours or days per episode).

The Department of Labor requires that medical certifications provide a specific estimate of the frequency and duration of intermittent leave so that we may properly administer the leave and manage business operations. Terms such as "as needed," "unknown," or "variable" are considered insufficient under FMLA regulations.

We are not seeking a diagnosis. We only require a professional estimate of the expected leave schedule based on the patient's current medical condition.

Please provide this clarification by [Due Date]. The employee has been provided a copy of this request. You may fax the updated information to [Fax Number] or mail it to the address below.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Phone Number]

[Email Address]