

Date: [Insert Date]

To: [Insert Healthcare Provider Name]

[Insert Clinic/Hospital Name]

[Insert Address]

Re: FMLA Certification for [Insert Employee Name]

Dear [Insert Provider Name or Medical Records Department],

We recently received the Family and Medical Leave Act (FMLA) certification form completed by your office for our employee, [Insert Employee Name].

In accordance with the Department of Labor regulations (29 C.F.R. § 825.307), we are requesting clarification of the information provided. Currently, we are unable to process this request because certain sections of the handwritten certification are illegible.

Specifically, we require clarification or a typed response for the following sections:

- [Insert Section Name/Question Number, e.g., Section II, Question 4]
- [Insert Section Name/Question Number]

Please provide a legible written clarification or a typed version of the entries in the specified sections. Please note that we are not seeking new medical facts or a diagnosis; we simply need to be able to read the information already provided to determine FMLA eligibility.

Please return the clarified information by [Insert Date] via fax to [Insert Fax Number] or via email to [Insert Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Insert Name]

[Insert Title]

[Insert Company Name]

[Insert Phone Number]