

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Request for Medical Clarification - Expired Information

Dear **[Employee Name]**,

We are writing to follow up on your request for Family and Medical Leave Act (FMLA) leave. We have reviewed the medical certification provided by your healthcare provider dated **[Date on Certificate]**.

Upon review, we have determined that the medical information provided has expired or is no longer current regarding **[specific condition or period of incapacity]**. Specifically, the following information requires clarification or an update:

- **[Detail the specific expired information, e.g., "The duration of the condition was listed as ending on (Date)."]**
- **[Detail any missing frequency/duration for intermittent leave if applicable]**

To process your leave request, we require a current medical certification or a clarification from your healthcare provider. Please provide this updated information no later than **[Date - typically 7 days]**.

Failure to provide the requested clarification within this timeframe may result in a delay or denial of your FMLA leave protection.

Please contact **[Name of Contact/HR Department]** at **[Phone Number]** if you have any questions.

Sincerely,

[Your Name/Signature]

[Your Title]

[Company Name]