

Date: [Date]

To: [Employee Name]

Address: [Employee Address]

Subject: Clarification Required Regarding FMLA Medical Certification

Dear [Employee Name],

We have received the Family and Medical Leave Act (FMLA) medical certification form submitted on [Date] regarding your request for leave. Upon reviewing the documentation, we are unable to verify the credentials or the professional standing of the medical clinic/provider listed, [Name of Clinic/Provider].

In accordance with FMLA regulations, an employer may request clarification of a medical certification to understand the handwriting or the meaning of a response. We also require verification that the certification was completed by a "health care provider" as defined by the Department of Labor.

To process your leave request, please provide the following information by [Date - typically 7 days]:

- The full name and medical specialty of the treating provider.
- A valid state medical license number for the provider.
- Official contact information for the clinic, including a physical business address and telephone number.
- Official documentation (such as a letterhead or clinic stamp) confirming the facility is a recognized medical establishment.

Please be advised that it is your responsibility to ensure that this clarification is provided. Failure to provide the requested information or a valid certification may result in the delay or denial of your FMLA leave protection.

You may have your healthcare provider contact our Human Resources department directly at [Phone Number] or send the documentation to [Fax Number/Email Address].

Sincerely,

[Name]

[Title]

[Company Name]