[Date]

[Employee Name]
[Employee ID]
[Employee Address]

Subject: Denial of Clinical Leave Request for Newborn Bonding

Dear [Employee Name],

We have received and reviewed your request for time off for newborn bonding, submitted on [Date]. After evaluating the clinical documentation provided and the requirements of the [Company Name/Policy Name], we regret to inform you that your request has been denied at this time.

The denial is based on the following reason(s):

- Incomplete clinical certification or medical documentation.
- Failure to meet the minimum eligibility requirements under [FMLA/State Law/Company Policy].
- The requested dates exceed the maximum allowable leave period.
- [Insert specific clinical or administrative reason here].

If you believe this decision was made in error or if you can provide additional documentation to support your request, please submit the necessary paperwork to the Human Resources department by [Deadline Date].

If you have questions regarding this decision or wish to discuss alternative leave options, please contact [Name/Department] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Administrator]
[Title]
[Department Name]