[Company Name]
[Street Address]
[City, State, Zip Code]

Date: [Date]

To: [Employee Name]
Employee ID: [ID Number]

Subject: Denial of Family and Medical Leave Act (FMLA) Request

Dear [Employee Name],

On [Date of Original Request], you submitted a request for FMLA leave for [Reason: own serious health condition / care for a family member]. Following the initial medical certification and a subsequent second medical opinion, a third and final medical opinion was obtained to resolve the conflict between the previous findings.

As per the FMLA regulations, [Company Name] and you jointly selected [Name of Physician/Medical Provider] to perform this third evaluation. We received the results of this examination on [Date].

The findings of the third medical opinion state: [Briefly summarize the provider's conclusion, e.g., the condition does not meet the definition of a serious health condition / the employee is able to perform essential job functions].

Under FMLA guidelines, the third medical opinion is final and binding. Based on this medical determination, your request for FMLA leave is **DENIED** for the following reason(s):

- The medical documentation does not support the existence of a qualifying serious health condition.
- The medical documentation does not support the necessity of the leave requested.

Because this leave is not FMLA-protected, any absences related to this request will be treated in accordance with the company's standard attendance and leave policies. Please report to work on [Date/Time]. Failure to report to work or follow standard call-in procedures may result in disciplinary action.

If you have questions regarding this decision, please contact [Name of HR Representative] at [Phone Number] or [Email Address].

Sincerely,

[Name]
[Title]
[Department]