Date: [Date]

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

Subject: Notification of Binding Third Medical Opinion and FMLA Determination

Dear [Employee Name],

This letter is to inform you of the final determination regarding your request for leave under the Family and Medical Leave Act (FMLA). As you are aware, a disagreement existed between the initial medical certification provided by your healthcare provider and the second opinion obtained by [Company Name].

In accordance with FMLA regulations, a third medical opinion was obtained from [Name of Third Opinion Physician] on [Date of Examination]. As previously agreed, the results of this third opinion are final and binding upon both you and [Company Name].

Third Opinion Determination:
The third-party medical professional has determined that your medical condition [does/does not] meet the criteria for a "serious health condition" as defined by the FMLA, and that leave [is/is not] medically necessary for the period of [Start Date] to [End Date].

Final Leave Status:

- **[Option A: Approved]** Based on this binding report, your FMLA leave request is **APPROVED**. Your leave will be designated as FMLA protected effective [Date].
- **[Option B: Denied]** Based on this binding report, your FMLA leave request is **DENIED**. Any absences related to this specific request after [Date] will not be protected under the FMLA and will be subject to the company's standard attendance policy.

A copy of the third medical opinion report is enclosed for your records.

If you have any questions regarding this final resolution, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Name]
[Your Title]
[Company Name]

Enclosure: Third Medical Opinion Report