[Company Name]
[Human Resources Department]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notification of Third Medical Opinion Results and FMLA Determination

Dear [Employee Name],

This letter is to inform you of the final determination regarding your request for Family and Medical Leave Act (FMLA) leave, following the third medical opinion conducted on [Date] by [Physician Name].

As you are aware, a third opinion was requested because the initial medical certification provided by your healthcare provider and the second opinion obtained by the company were in conflict regarding [reason for conflict, e.g., the duration of leave or the necessity of leave].

Under FMLA regulations, the third medical opinion is considered final and binding on both the employer and the employee. The results of the third opinion are as follows:

[Insert summary of the physician's findings here, e.g., The physician has determined that your condition qualifies/does not qualify for FMLA leave for the period of...]

FMLA Status:
Based on this binding result, your FMLA request is: **[Approved / Denied]**.

Accommodation and Return to Work:
[If Approved]: Your leave is scheduled to begin on [Start Date] and is expected to end on [End Date]. Please notify us of any changes to this timeline.
[If Denied]: Since the request does not meet FMLA criteria, you are expected to report to work as scheduled on [Date].

Reasonable Accommodation (If Applicable):
If you require a reasonable accommodation under the Americans with Disabilities Act (ADA) to perform the essential functions of your job following this determination, please contact the Human Resources department immediately to begin the interactive process.

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

Sincerely,

[Signature]
[Name of HR Representative]
[Title]