[Company Name]
[Department]
[Date]

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

Subject: Notice of FMLA Third Opinion Medical Resolution

Dear [Employee Name],

This letter is to inform you of the final determination regarding your request for Family and Medical Leave Act (FMLA) leave. As you are aware, a third medical opinion was sought because of conflicting results between the initial medical certification and the second opinion.

On [Date], you were examined by [Doctor's Name], an independent healthcare provider agreed upon by both you and [Company Name]. We have received the results of this examination.

Determination:

Under FMLA regulations, the third opinion is final and binding. Based on the findings of [Doctor's Name]:

[Choose one option below and delete the other]

- **Approved:** The third opinion confirmed that you have a qualifying serious health condition. Your FMLA leave request is officially approved for the period of [Start Date] to [End Date].
- **Denied:** The third opinion determined that your condition does not meet the criteria for a serious health condition under the FMLA. Therefore, your request for FMLA leave is denied.

If your leave has been approved, please ensure you follow all standard department call-in procedures. If your leave has been denied, you are expected to return to your regular work schedule on [Date].

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]