

[Current Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Re: FMLA Leave Request - Notice of Incomplete/Insufficient Certification

Dear [Employee Name],

We have received the Medical Certification form submitted on [Date] in support of your request for leave under the Family and Medical Leave Act (FMLA). After reviewing the documentation, we have determined that the certification is incomplete or insufficient to approve your request at this time.

Specifically, the following information is missing or requires clarification:

- [Specify missing information, e.g., Section 2 was not signed by the physician.]
- [Specify insufficient information, e.g., The duration of the incapacity was not provided.]
- [Specify any other reasons for rejection.]

Under FMLA regulations, you have seven (7) calendar days from the receipt of this letter to provide the necessary information to [Department Name/Contact Person]. The deadline for submission is [Date].

Failure to provide a complete and sufficient medical certification by the deadline may result in the denial of your FMLA leave request. Leaves that are not protected by FMLA may be subject to the company's standard attendance policy.

If you have any questions or if you anticipate difficulty obtaining this information from your healthcare provider within the timeframe, please contact me immediately at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]