

[Company Name]
[HR Department Address]
[City, State, Zip Code]
[Date]

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

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

Dear [Employee Name],

On [Date Request Received], we received your request for leave under the Family and Medical Leave Act (FMLA) for [your own serious health condition / the serious health condition of a family member].

After reviewing the medical certification documentation provided on [Date Documentation Received], we regret to inform you that your request for FMLA leave has been denied for the following reason(s):

- **Incomplete Certification:** The medical certification submitted was missing essential information. Despite our request for clarification on [Date of Request for Clarification], the necessary information was not provided by the deadline of [Deadline Date].
- **Failure to Meet Qualifications:** The medical information provided does not meet the criteria for a "serious health condition" as defined by FMLA regulations.
- **Ineligibility:** You have not met the required [1,250 hours of service / 12 months of employment] necessary to qualify for FMLA.
- **Exhaustion of Leave:** You have already utilized your total entitlement of 12 weeks of FMLA leave within the current 12-month period.
- **Other:** [Specify other reason, e.g., failure to provide certification within 15 days].

As a result of this denial, any absences related to this request will not be designated as FMLA-protected leave. These absences may be subject to the company's standard attendance policy.

If you believe there has been an error or if you have additional documentation that may change this determination, please contact the Human Resources department at [Phone Number] or [Email Address] by [Date].

Sincerely,

[Name]
[Title]
[Company Name]