

**Date:** [Date]

**To:** [Employee Name]

**Employee ID:** [ID Number]

**Subject:** 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). On [Date Notice Sent], we provided you with a Notice of Eligibility and Rights & Responsibilities, which requested that you provide a complete and sufficient medical certification by [Due Date].

This letter is to inform you that your request for FMLA leave is **DENIED** for the following reason:

**Inadequate Medical Documentation:** On [Date of Deficiency Notice], we notified you that the medical certification submitted was incomplete or insufficient. Specifically, the following information was missing or unclear: [List specific missing information, e.g., duration of leave, frequency of episodes, or healthcare provider signature].

You were given seven (7) calendar days to cure these deficiencies. As of today's date:

- We have not received the requested additional information.
- The information provided still does not meet the requirements to certify a serious health condition under FMLA guidelines.

Because the medical necessity for this leave has not been established, your absences starting from [Start Date] will not be designated as FMLA-protected. These absences will be handled according to the company's standard attendance and leave policies.

If you have questions regarding this decision or if you have recently submitted the required documentation that may not yet be processed, please contact [Contact Name/Department] at [Phone Number/Email] immediately.

Sincerely,

[Your Name]

[Your Title]

[Company Name]