

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notification of Incomplete or Insufficient FMLA Certification

Dear [Employee Name],

We have received the medical certification submitted on [Date] in support of your request for Family and Medical Leave Act (FMLA) leave. However, the certification is currently [incomplete / insufficient] to determine whether your request qualifies for FMLA protection.

Specifically, the following information is missing or requires further clarification:

- [Specify detail 1, e.g., The medical facts regarding your condition are not provided.]
- [Specify detail 2, e.g., The expected duration of the condition is not stated.]
- [Specify detail 3, e.g., The frequency of intermittent episodes is not defined.]

Please provide the requested information to [Department/Name] no later than [Date - must provide at least 7 calendar days]. Failure to provide this information within the specified timeframe may result in the denial of your FMLA request.

You may have your healthcare provider provide the missing information directly on the existing form or via a new certification form, which is attached for your convenience.

If you have any questions regarding this request, please contact [Contact Person] at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

Enclosure: [FMLA Certification Form]