

**Date:** [Insert Date]

**To:** [Employee Name]

**Employee ID:** [Insert ID]

**Subject:** Notice of Insufficient/Incomplete Medical Certification

Dear [Employee Name],

We received the medical certification you submitted on [Date] in support of your request for Family and Medical Leave Act (FMLA) leave. However, the certification is not sufficient to determine whether your request is for a FMLA-qualifying reason.

The certification is considered incomplete or insufficient for the following reasons:

[Insert detailed description of missing or vague information here. Examples: "The doctor did not provide a start date for the condition," "The frequency of episodes is not specified," or "The medical facts section is blank."]

**Required Action:**

Please provide the missing or clarified information to [Department/Name] by [Insert Date - must provide at least 7 calendar days]. Failure to provide the necessary information by this deadline may result in the denial of your FMLA leave request.

If you have any questions regarding this notice, please contact [Contact Person Name] at [Phone Number/Email].

Sincerely,

[Name]

[Title]

[Company Name]