

[Date]

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

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

Dear [Employee Name],

We are writing to inform you that your request for leave under the Family and Medical Leave Act (FMLA) has been denied for the following reason:

**Failure to provide required medical certification.**

On [Date Request Form Sent], we provided you with a Notice of Eligibility and Rights & Responsibilities, along with a Medical Certification form. You were informed that this documentation was required to be returned to the Human Resources department by [Deadline Date] to support your request for leave.

As of today's date, we have not received the completed medical certification, nor have we received a request for an extension or notification of any difficulties in obtaining the documentation from your healthcare provider.

Because we have not received the necessary medical evidence to verify a qualifying serious health condition, your absence(s) starting on [Start Date of Leave] cannot be designated as FMLA-protected leave.

Consequently, your absences will be handled according to the company's standard attendance and paid-time-off policies. Failure to report to work may result in disciplinary action up to and including termination of employment.

If you have any questions regarding this decision or if there are extenuating circumstances we should be aware of, please contact [Contact Name] in Human Resources at [Phone Number/Email] immediately.

Sincerely,

[Your Name]  
[Your Title]  
[Company Name]