

DATE: [Date]

TO: [Employee Name]

FROM: [Name of Administrator/HR Representative]

SUBJECT: Notice of Incomplete or Insufficient Medical Certification

Dear [Employee Name],

On [Date], we received your request for leave under the Family and Medical Leave Act (FMLA) and the supporting medical certification from your healthcare provider.

Upon review, we have determined that the medical certification provided is **insufficient** to determine whether your request qualifies for FMLA protections. Specifically, the following information is missing or unclear:

- [List specific missing information, e.g., duration of leave, frequency of episodes, or clinical facts.]
- [List any entries that are illegible.]
- [List any sections left blank by the provider.]

Under FMLA regulations, you have **seven (7) calendar days** from the receipt of this letter to provide the necessary information to correct these deficiencies. Failure to provide a complete and sufficient certification by [Deadline Date] may result in the denial of your FMLA leave request.

As clinical staff, please ensure your provider specifically addresses how your condition limits your ability to perform the essential functions of your specific clinical duties.

Please submit the updated documentation directly to [Department Name/Contact Person] via [Email/Fax/In-Person].

Sincerely,

[Your Name]

[Your Title]

[Clinical Facility/Organization Name]