FMLA SAMPLE LETTER CONTENTS

 FMLA 2nd Request for Certification letter

7/2013

Date

Name

Address

Dear…….

In a letter dated (DATE) you were notified that a preliminary designation of FMLA coverage had been made and you were asked to have your health care provider complete and return a Certification of Health Care Provider Form. The letter also advised you that if it were later determined that the medical information did not meet the requirements for FMLA coverage, you would be notified that the designation of FMLA leave would be withdrawn.

Your eligibility for FMLA coverage is made based on information provided by your health care provider. We asked you to have the health care provider complete and return the Certification of Health Care Provider form by (DATE). As of today, we have not received the completed form.

If for any reason you are having difficulty obtaining the requested information from the health care provider, please let me know. If I do not hear from you or if your Certificate of Health Care Provider form is not received in this office by (DATE – 7 days), the preliminary designation of FMLA coverage will be withdrawn.

If I can assist you in any way with this matter, please let me know immediately. You may contact me by calling (Phone Number).

Sincerely,

cc: file