Dear [EMPLOYEE]:

On [DATE} we provided you with documents regarding your request for leave under the Family and Medical Leave Act (FMLA). One of the documents provided was Certification of Health Care Provider, which must be completed by [YOUR/FAMILY MEMBER’S] health care provider in order to determine whether FMLA leave will be granted. We requested that you return the Certification of Health Care Provider within 15 days of [DATE].

As of [DATE], we have not received the Certification of Health Care Provider. This document is required in order for us to process your request for FMLA leave, and to determine whether your leave will be covered under FMLA. Please have the Certification of Health Care Provider completed by [YOUR/FAMILY MEMBER’S] health care provider and returned to us within seven days. If there are extenuating circumstances which prevent you from returning the Certification of Health Care Provider within seven days, please contact [HUMAN RESOURCES] at [CONTACT INFO].

Failure to return the Certification of Health Care Provider may result in the denial of your FMLA leave.

Sincerely,

[HUMAN RESOURCES]