Click here to enter employee name.

Click here to enter employee address.

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| --- | --- |
| **Re:** | **Notice of Leave Designation – Medical Leave**  **DEFERRED** |

Dear Click here to employee name.:

On Application Date, you requested **Medical Leave** beginning, Click here to enter leave start date. for Choose an item.This notice is to inform you that **additional information is needed to determine if your leave request can be approved.**

You must provide the needed information within 10 business days or your leave request may be denied:

The certification or other supporting documentation is not sufficient to determine whether you qualify for Medical Leave because Click here to enter text.. To complete the application process, please provide Click here to enter text.

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide you further details soon.

If you have any questions or concerns relating to this eligibility notification, please contact me at (202) Click here to enter contact number., or by e-mail at Click here to enter contact email..

Sincerely,

|  |
| --- |
|  |
| Click here to enter FML Coordinator Name.  Agency Family and Medical Leave Coordinator |