

Notice of Failure to Return Certification by Deadline

[Date]

[Employee Name]

[Street Address]

[City, State, Zip Code]

RE: FML Certification and/or Declaration of Relationship Not Received

Dear [Employee Name]:

Family and Medical Leave (FML) is a type of leave intended to help employees balance work and life when a serious illness affects an employee or his or her family member. FML entitles eligible employees to take unpaid, job-protected leave for family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

On [date], a letter was sent to you asking you to complete and return, within 15 calendar days, the following forms related to your Family and Medical Leave (FML) request:

[Name of Certification]

[Declaration of Relationship]

We have not yet received the completed form(s) or a reason for the delay. In order to designate your leave as approved FML, we need to receive the document(s) listed above. Enclosed is another [name of form(s) not received]. Please return the completed form(s) to me as soon as possible, but no later than seven (7) calendar days from this request. If a complete and sufficient certification is not received, your absences will not be designated as protected FML and may be considered unapproved.

Since your benefits may be impacted by this leave of absence, I recommend you contact the Disability Benefits Coordinator at [phone number] for information on benefits continuation.

We wish you well and hope to see you back at work soon. Please contact me if you have any questions.

Sincerely,

[Name]

Enclosures: [Name(s) of form(s) enclosed]

Copy: Human Resources, Disability Benefits Coordinator