

Letter Requesting Recertification

[Date]

[Employee Name]

[Street Address]

[City, State, Zip Code]

Re: Recertification of Your Family and Medical Leave Act (FMLA) Medical Certification Form

Dear [Employee Name]:

This letter is being sent to you to request that you submit to the HR department within 15 calendar days an updated healthcare provider form, the *FMLA Certification of Healthcare Provider for Employee's Serious Health Condition, WH-380*.

Please give this form to your healthcare provider for completion. Your healthcare provider may return the completed form directly to us (using the enclosed return envelope) or to you for submission. Please be sure that this completed form is returned to us within 15 calendar days following the request or provide us with a reasonable explanation for the delay. Failure to provide recertification may result in a denial of your continuation of leave.

After receipt and review of the forms, we will make a determination on the continuing designation of your requested absence(s) as FMLA leave.

Please feel free to contact [name, phone number] if you have any questions or would like more information on the FMLA.

Sincerely,

Director of Human Resources

Enclosure: FMLA Certification of Healthcare Provider for Employee's Serious Health Condition (Form WH-380)

Copy: Employee confidential medical file