FMLA SAMPLE LETTER CONTENTS

 FMLA Request for Recertification

7/2013

Date

Name

Address

Dear…….

It appears that there may have been some changes pertaining to your medical situation that has been approved for coverage under the Family and Medical Leave Act (FMLA). It will be necessary for you to provide updated information. Enclosed is a Certification of Health Care Provider Form. Please have this completed by your health care provider and returned to this office by (DATE – give 15 days). Upon receipt of the completed Certification it will be reviewed and you will be notified as to what, if any, changes need to be made to your FMLA coverage.

If you have any questions, you may contact me at (Phone Number).

Sincerely,

cc: file