FMLA SAMPLE LETTER CONTENTS

 FMLA Response to Recertification Information

7/2013

Date

Name

Address

Dear…….

This is to acknowledge the receipt of the Certification of Health Care Provider form you were recently asked to complete for recertification. Thank you for providing this updated information.

*(There could be different outcomes based on the information received – the following paragraphs are examples of the type of information that might be included in the letter)*

*Option 1:* The information provided indicates your FMLA coverage that began on (DATE) will continue as previously determined. Your expected rate of absences is (INSERT SPECIFIC INFORMATION).

*Option 2:* The information provided indicates your medical condition has changed and will require a change in your absences from work. From the information provided on the Certification your expected rate of absences is (INSERT SPECIFIC INFORMATION).

*Option 3:* The information provided indicates your medical condition has changed or resolved so as not to require absence from work. Therefore, your FMLA coverage for this medical condition will end effective (DATE).

If you have any questions, you may contact me at (Contact Information).

Sincerely,

cc: Director/Supervisor

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