

Print on Department Letterhead

[This cover letter is used when the employee does not return necessary documentation or has returned documentation that is either incomplete or not sufficient]

[Date]

NAME

ADDRESS

CITY, STATE, ZIP CODE

Dear _____:

On **[Date]**, you provided information indicating you might need to take leave pursuant to the Family and Medical Leave Act. You were asked to complete and return the Certification of Health Care Provider for Employee's/Family Member's Serious Health Condition and the Leave of Absence Request Form within fifteen (15) calendar days. To date, you have **[not returned this information] [provided information that is incomplete/insufficient]**. Please **[return these documents] [provide complete/sufficient information (specify additional information that is needed)]** within seven (7) calendar days of the date of this letter or **[date]**.

If you have any questions, please feel free to contact me at **[phone number]**.

Sincerely,

[signature]

Enclosures: **[describe]**