*DEPARTMENT LETTERHEAD*

# HAND DELIVERED

Date

Employee

Re: Family and Medical Leave

Dear \_\_\_\_\_\_\_\_\_,

It has come to my attention that your current use of Family Medical Leave (FML) is in excess of the Certification of Health Care Provider for Employee’s Serious Health Condition FMLA form dated \_\_\_\_\_\_\_\_\_; see attachment.

Because the frequencies of your FML episodes have increased, you will need to recertify your FML situation by providing me with an updated Certification of Health Care Provider for Employee’s Serious Health Condition FMLA form by \_\_\_\_\_\_\_\_\_\_.

You may consider making an additional FML request to cover other health situations you may also be experiencing at this time.

If you would like to discuss your situation and/or have any questions, please contact me immediately. You may reach me directly at \_\_\_\_\_\_\_\_\_\_.

Sincerely,

Manager

Position

Attachment: Certification of Health Care Provider for Employee’s Serious Health Condition FMLA form dated \_\_\_\_\_\_\_\_\_

I verify delivery of this notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date