

**Sample Letter 18 – Recertification
(For Leave for Employee’s or Family Member’s Serious Health Condition)**

[Date]

[Employee Name]
[Employee Address]

Dear [Employee Name]:

This is to inform you that we are requiring you to provide an updated medical certification of your continued need for Family and Medical Leave (FML) due to [reason].

Enclosed is [name of certification]. This form must be completed by [your own health care provider **or** your family member’s health care provider] and should be returned to _____ within 15 calendar days of this request.

Unless and until the required recertification is provided, your absences will not continue to be designated as FML. Without that designation, your absences will not be protected FML and may be considered unapproved.

If you have any questions about this, please let me know.

Sincerely,

[Name]

Cc: Benefits
[ER/LR/HR, as applicable]

Enclosure: [Name of Certification]