

(DATE)

(Employee Name)
(Employee's Department)
(Employee work address)
(Mail Code)

Dear (Employee Name):

Attached is a copy of the Family and Medical Leave Form submitted on your behalf. The *(Department name)* has verified that the medical certification you submitted does not support the type of leave requested. Therefore, at this time, you are not eligible for FMLA leave.

Please contact the department at *(phone number)* with any questions or if you need additional information.

Sincerely,

(Name)
(Title)

c: Human Resources Records