**FMLA Recertification Letter**

[Date]

[Employee name]

[Street address]

[City, State, Zip code]

Re: Recertification of Your Family and Medical Leave Act (FMLA) Health Care Medical Certification Form

Dear [Employee Name]:

This letter is being sent to you to request that you submit to the HR department within 15 calendar days an updated FMLA medical certification form, WH-380 (attached).

According to the FMLA regulations as outlined in 29 CFR 825.308, an employer may request employees to provide recertification of their serious health condition and need for FMLA leave under various circumstances.

Please give the attached form to your health care provider for completion. Your health care provider may return the completed form directly to us (using the enclosed return envelope) or to you for submission. Please be sure that this completed form is returned to us within 15 days of this letter or provide us with a reasonable explanation for the delay. Failure to provide re-certification may result in a denial of your continuation of leave.

After receipt and review of the new medical certification form, we will make a determination on the continuing designation of your requested absence(s) as FMLA leave.

Please feel free to contact [name, phone number] if you have any questions or would like more information on the FMLA.

Sincerely,

Director of Human Resources

[Director of Human Resources email address]