

# USE OWN DEPARTMENT LETTERHEAD HERE

## SAMPLE: SEND TO EMPLOYEE IF THEY DID NOT PROVIDE MEDICAL CERTIFICATION FORM

DATE

NAME

ADDRESS

CITY, STATE ZIP

### **RE: Medical Certification Required**

Dear NAME,

You have requested a leave of absence in which a doctor's note is required, however we have not received one. Failure to provide the requested certification will result in denial of your requested leave.

Please have your treating physician complete the attached medical certification form and return it to our office no later than \_\_\_\_\_ (minimum 15 calendar days).

You may return the completed form to: (Address of Department or Payroll Coordinator)

Should you have any questions concerning this notice, please feel free to contact (Payroll Coordinator name) at ext. \_\_\_\_\_ during business hours.

Sincerely,

(Payroll Coordinator Name)

cc Human Resources