## Request for Additional Information

**(FMLA/CFRA)**

Employee name: <name> Date: <date>

<employee address or email>

RE:Request for Additional Information – FMLA/CFRA

Dear <name>:

We have reviewed your request for Family and Medical Leave and any supporting documentation you have provided. In your request, you asked for Family and Medical Leave for <*insert reason for leave identified in “Leave of Absence Request” form*>. Your legal right to take this leave is defined by the **Family and Medical Leave Act (“FMLA”)**, and/or the **California Family Rights Act (“CFRA”)**.

[ ] Additional information is needed to determine if your leave request can be approved:

[ ]  On <*insert date*> we requested that you provide us with a medical certification by <insert date>. When you did not return the medical certification as requested, we notified you on <*insert date*> and asked that you provide it by <*insert date*>. However, to date, have not received the requested medical certification.

[ ]  The medical certification you provided is not [ ]  **complete** [ ]  **sufficient** to determine whether the [ ]  **FMLA** [ ]  **CFRA** applies to your leave request. You must provide the following information no later than <*insert date*> (unless it is not practicable under the particular circumstances despite your diligent good faith efforts) or your leave may be denied:

<list incomplete or insufficient information needed for clarification>

[ ]  We are exercising our right to have you obtain a second or third opinion health care provider certification at our expense.

If you have any questions, please contact <*contact name*> at <*phone number*> or <email>. Thank you.

Sincerely,

<Name>

<Title>