

To: (Employee Name)
From:
Date:
Subject: FMLA medical recertification

We are requesting medical recertification of your health condition/FMLA. Recertification may be requested in situations such as:

- no more often than every 30 days if missing work for FMLA leave, **or**
- if you have been missing more work than indicated on the last certification **or**
- the employer receives information that casts doubt upon the employee's stated reason for the absence **or**
- if FMLA intermittent leave continues past January 1st of a new calendar year (if more than 30 days has passed since the last medical certification was provided).

Please complete the following steps:

1. Take this memo and the attached documentation (original or last FMLA medical certification) to your health care provider. If the serious health condition is yours, a list of the essential functions of your position is also attached for your health care provider's consideration.
2. Have your health care provider review the original documentation and then provide a statement regarding
 - whether the need for the FMLA leave continues,
 - whether there has been any change in the medical facts prompting the need for FMLA, and
 - what the anticipated length and frequency of time off will be, if time is needed.

(Example: State approximately how **often** and how **long** the employee will be absent from work during a given time period.)

FMLA continuance depends on the return of the medical recertification and the amount of FMLA time remaining for this calendar year. Your FMLA medical recertification is due on (at least 15 days must be allowed) _____.

Thank you and please let us know if you have any questions.