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Leaves) [Date] [Employee Name] [Employee Address]
Dear [Employee Name]: On [date] you provided me with a [name of certification] related to your request for a Family and Medical Leave (FML) for [reason].

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incomplete requirements? - I

...

Sample Letter 13 -
Certification Incomplete or
Insufficient. (For all FML
Leaves) [Date] [Employee
Name] [Employee Address]

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Dear [Employee Name]: On [date] you provided me with a [name of certification] related to your request for a Family and Medical Leave (FML) for [reason].

Unfortunately, the certification you provided

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13 letter words

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