Deficiency Notice Template
[Insert Agency Letterhead]

SENT VIA USPS STANDARD MAIL AND CERTIFIED MAIL
and via email to [email address]

Date

Employee Name
Address
City, State, Zip

EIN
Job Class

Dear Employee Name:

The Department of Agency Name Human Resources Office was notified of your possible need for leave of absence due to your own health reasons. On [MONTH DD, 20YY], we received healthcare documentation effective [MONTH DD, 20YY] through [MONTH DD, 20YY]. The documentation did not, however, provide sufficient information to determine whether your condition met the FMLA definition of "serious health condition".

In order to determine whether your absence from [MONTH DD, 20YY] through [MONTH DD, 20YY] can be designated as protected under the FMLA, we need clarification from your treating healthcare provider on whether your condition meets these requirements: ongoing medical treatment, such as multiple appointments with a healthcare provider or a single appointment plus follow-up care, such as prescription medication. Please provide this information no later than [MONTH DD, 20YY]. **(Must be 7 calendar days)**

A Family and Medical Leave Act (FMLA) packet is being provided to you, which specifically discusses your rights and responsibilities under the FMLA. The documents being provided are listed below.

- Department of Labor Notice of Eligibility and Rights & Responsibilities, form WH-381
- Family and Medical Leave Request Form
- Department of Labor FMLA Designation Notice – Additional Information Needed
- Important Information While on Family and/or Medical Leave

Completed forms can be returned to Human Resources by fax to or by email to the representative below.

If you have any questions, you can reach your Human Resources Representative, [name] by telephone at [phone number] or by email at [email address].

Sincerely,

cc: [name], Supervisor
[name], [manager's title]