

Sample Disapproval Notification Letter

UH Letter head

Date

Name
Address
City, State Zip code

Dear Name,

The purpose of this letter is to inform you that we reviewed the eligibility criteria and the certification from the physician to your leave share request. According to your physician your illness/injury is _____(describe)_____. However, being _____ in and itself does not meet the requirements for leave share. Therefore, your request has been denied.

If you would like to request for a reconsideration of your application for shared leave, you may file an appeal within fifteen (15) days from the date of this letter. Your written request must include the specific reason(s) for the reconsideration, an explanation of the facts in support of the reconsideration and documents in support of the reconsideration, including the doctor's clinical notes, and the concluding rationale of the remedy. Address your request for reconsideration to the Chair of the Leave Sharing Review Committee, care of the Office of Human Resources.

If you have any questions or require additional information, please feel free to contact me at (phone number).

Sincerely,

Name
Human Resources Representative