

# Appeal Letter for Family Medical Leave Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my request for access to my Family Medical Leave records. On [insert date of initial request], I submitted a request for my records related to my Family Medical Leave Act (FMLA) claims.

Despite the importance of these records for my ongoing medical treatment and job security, my request was recently denied. I believe that this decision may have been based on misunderstandings or insufficient information provided in my initial request.

As outlined in the [insert specific policy, if applicable], I am entitled to access my FMLA records. I kindly request a review of my case and the provision of my Family Medical Leave records at your earliest convenience.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]