

City of Boston Attendance Policy Medical Documentation Rejection Notice



Name: _____ ID#: _____

Department _____ Title: _____

Dear, _____, The medical documentation you have submitted on _____ has been rejected because it lacks one or more items that are required under the City's Attendance Policy.

- Name of employee.
- Name and contact info of medical provider.
- The date(s) the medical provider examined the employee in connection with the employee's absence(s).
- The specific hours/dates the provider believes the employee needed to be absent from work.
- Date the medical provider believes the employee will be able to return to work.
- Documentation was missing official medical provider letterhead or stamp (if using COB form).
- Documentation was not submitted within the 10 calendar day deadline.

If absence is for an employee's relative:

- Name of ill family member.
 - The employee's relationship to ill family member.
 - Date(s) the medical provider determined the employee was needed to care for such individual.
- Medical provider did not confirm the accuracy or authenticity of the information provided.

Administrator

Date

If you have any questions, please contact me or refer to
The City's Attendance policy which is available on the HUB.