Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID]
Department: [Insert Department]

Subject: Letter of Caution: Depleted Leave Balances

Dear [Employee Name],

This letter serves as a formal caution regarding your current leave balances. As of [Insert Date], our records indicate that your accrued leave entitlements have been exhausted or are reaching a critically low level.

According to our records, your remaining balances are as follows:

- **Annual Leave:** [Insert Balance] hours/days
- **Sick Leave:** [Insert Balance] hours/days
- **Personal Leave:** [Insert Balance] hours/days

Please be advised that further absences beyond your accrued balance may result in leave without pay (LWOP). Any unpaid leave must be approved in advance by [Insert Manager Name/HR Department]. Unscheduled or unapproved absences may lead to disciplinary action according to company policy.

We encourage you to manage your remaining time carefully to ensure you have coverage for future needs or emergencies. If you believe there is an error in these calculations, please contact the Human Resources department immediately.

Please acknowledge receipt of this letter by signing below.

Sincerely,

[Your Name]
[Your Title]
[Company Name]

Employee Acknowledgment:

I acknowledge that I have received this letter and understand the status of my leave balances.

Signature: _____ Date: _____