[Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notice of Leave Exhaustion

Dear [Employee Name],

We are writing to provide you with an update regarding your current leave of absence related to your workers' compensation claim dated [Date of Injury].

Our records indicate that you have been on leave since [Start Date]. According to company policy and applicable laws, your protected leave under [FMLA/CFRA/State Law/Company Policy] is scheduled to be exhausted on [Exhaustion Date].

As of [Exhaustion Date], you will have utilized the maximum amount of leave time available for your job protection. Please be advised of the following:

- **Return to Work:** If your healthcare provider has cleared you to return to work, please submit a medical release form to the Human Resources department by [Date].
- **Reasonable Accommodation:** If you are unable to return to your full duties at this time, please contact us immediately to discuss whether a reasonable accommodation can be made to assist your return to work.
- **Benefits Coverage:** Your eligibility for [Health Insurance/Other Benefits] may be affected by the exhaustion of your leave. Please contact [Benefits Coordinator Name] at [Phone Number] for details on continuing coverage.

Please note that while your protected leave may be exhausted, your workers' compensation claim remains active and will continue to be handled by [Insurance Carrier Name]. This notice specifically addresses your employment status and leave availability with [Company Name].

We wish you a continued recovery. If you have any questions regarding this notice, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of HR Representative]
[Title]