

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notice of Exhaustion of Protected Leave

Dear [Employee Name],

This letter is to formally notify you that your protected leave under [Company Policy/Relevant Law, e.g., FMLA/ADA], which began on [Leave Start Date], is scheduled to expire on [Leave Expiration Date].

As of [Date], you have exhausted your total entitlement of [Number] weeks/days of protected leave for the current 12-month period. Consequently, your position is no longer protected under the specific provisions of the aforementioned leave policy.

Please provide an update regarding your intent to return to work. We have enclosed a [Job Description/Return to Work Certification] for your healthcare provider to complete. This documentation must outline your ability to perform essential job functions, with or without reasonable accommodation.

If you are unable to return to work by [Date], please contact the Human Resources Department immediately to discuss potential next steps. Failure to return to work or provide updated medical documentation by this date may result in the termination of your employment due to job abandonment or inability to fulfill the requirements of your position.

If you have any questions regarding your benefits, remaining accrued paid time off, or the interactive process for reasonable accommodations, please reach out to [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Name]

[Your Title]

[Company Name]