[Company Name]
[Human Resources Department]
[Address]
[City, State, Zip Code]

[Date]

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

Subject: Notification of Exhaustion of Family and Medical Leave (FMLA)

Dear [Employee Name],

This letter is to formally notify you regarding your current leave of absence status. Our records indicate that your leave under the Family and Medical Leave Act (FMLA) began on [Leave Start Date].

Under federal regulations, eligible employees are entitled to a maximum of 12 workweeks of unpaid, job-protected leave in a 12-month period. As of [Date], you have used [Number] weeks of your entitlement. Based on your current leave schedule, your 12-week FMLA entitlement is expected to be fully exhausted on [Exhaustion Date].

Please be advised of the following regarding your status after [Exhaustion Date]:

- **Job Protection:** Once your FMLA leave is exhausted, the statutory job restoration protections provided by FMLA will no longer apply.
- **Benefit Coverage:** Your employer-sponsored health insurance coverage under the current FMLA terms will end on [Date]. [Insert details regarding COBRA or employee payment requirements if applicable].
- **Return to Work:** If you are unable to return to work on [Return Date], you must contact the Human Resources department immediately to discuss your status.

If you require additional leave as a reasonable accommodation due to a disability under the Americans with Disabilities Act (ADA) or other state laws, please submit a written request and updated medical documentation by [Deadline Date]. We will evaluate such requests on an individual basis.

If you have already returned to work or believe this calculation is in error, please contact me at [Phone Number] or [Email Address] as soon as possible.

Sincerely,

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