

[Date]

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

Subject: Notification of Upcoming Exhaustion of FMLA Leave

Dear [Employee Name],

This letter is to formally notify you that your job-protected leave under the Family and Medical Leave Act (FMLA), which began on [Leave Start Date], is approaching its maximum limit of 12 weeks per 12-month period.

Based on our records, you have used [Number] weeks of FMLA leave to date. Your FMLA entitlement is scheduled to be exhausted on [Exhaustion Date].

Please be advised of the following:

- **Return to Work:** Your expected return to work date is [Return Date]. If you intend to return on this date, please contact [Supervisor Name] by [Contact Deadline Date] to coordinate your return.
- **Medical Certification:** If you are returning from leave for your own serious health condition, you must provide a fitness-for-duty certification from your healthcare provider before or on the day you return.
- **Request for Extension:** If you are unable to return to work by [Exhaustion Date], you must notify Human Resources immediately. Any leave taken beyond the FMLA entitlement is not job-protected under FMLA, though you may be eligible for additional leave as a reasonable accommodation under the Americans with Disabilities Act (ADA) or other company policies.

If we do not hear from you or receive the necessary documentation by [Date], we will proceed with the understanding that you do not intend to return to your position.

If you have any questions regarding your leave balance or the return-to-work process, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

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