

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

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

Dear [Employee Name],

On [Date Leave Commenced], you began a leave of absence for a qualifying reason under the Family and Medical Leave Act (FMLA). This letter serves as formal notification that your 12-week (or 26-week for military caregiver leave) FMLA entitlement for the current 12-month period has been exhausted as of [Date].

As of [Date], your job-protected leave under FMLA has concluded. This means:

- You no longer have remaining FMLA leave hours available for use until the start of the next benefit period on [Date].
- The specific reinstatement rights and health insurance premium subsidies provided under FMLA no longer apply to any continued absence.

Next Steps:

If you are unable to return to work at this time, please contact the Human Resources Department by [Date] to discuss your status. You may be eligible for additional leave under [Company Name]'s internal policies or as a reasonable accommodation under the Americans with Disabilities Act (ADA).

If you intend to return to work, please provide a "Fitness for Duty" certification from your healthcare provider to Human Resources no later than [Date].

Please contact [Name/Department] at [Phone Number/Email] if you have questions regarding your benefits, remaining leave balances, or the return-to-work process.

Sincerely,

[Your Name]

[Your Title]

[Company Name]