

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

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

Dear [Employee Name],

This letter is to formally notify you regarding the status of your leave under the Family and Medical Leave Act (FMLA). Our records indicate that your 12-week FMLA entitlement began on [Leave Start Date] and is scheduled to expire on [Exhaustion Date].

As of [Exhaustion Date], you will have used the full 12 weeks of protected leave available to you in the current 12-month period. Once your FMLA leave is exhausted, the job protections provided by the FMLA will no longer apply.

Please provide us with your plans regarding your return to work. If you are unable to return by [Date], you may be eligible to request additional leave as a reasonable accommodation under the Americans with Disabilities Act (ADA) or other company policies. To request an extension, you must submit updated medical documentation by [Deadline Date].

If we do not hear from you or receive the necessary documentation by [Date], we will proceed with administrative actions according to company policy, which may include the termination of your employment due to your inability to return to work.

Please contact the Human Resources Department at [Phone Number] or [Email Address] to discuss your status or to submit the required paperwork.

Sincerely,

[Sender Name]

[Title]

[Company Name]