

[Date]

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

Subject: Notification of Medical Leave Exhaustion

Dear [Employee Name],

This letter is to formally notify you that your approved medical leave, which began on [Leave Start Date], is scheduled to expire on [Leave End Date]. As of that date, you will have exhausted your total allotment of leave under [Company Name]'s policies and applicable laws, such as the Family and Medical Leave Act (FMLA).

According to our records, we have not yet received documentation confirming your ability to return to work, either with or without restrictions. It is important that we discuss your current status and any potential next steps regarding your employment.

Please provide one of the following by [Deadline Date]:

- A medical release from your healthcare provider clearing you to return to full duty.
- A medical statement outlining specific work restrictions or accommodations that would allow you to return to work.
- Updated information regarding your expected return-to-work date if an additional brief extension is being requested as a reasonable accommodation.

If you are unable to return to work and do not communicate with us by [Deadline Date], we will proceed with administrative actions regarding your employment status based on the exhaustion of your protected leave.

Please contact [HR Contact Name] at [Phone Number] or [Email Address] as soon as possible to discuss this matter.

Sincerely,

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