

[Company Name]  
[Department]  
[Date]

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

**Subject: Notification of Statutory Leave Exhaustion**

Dear [Employee Name],

This letter is to formally notify you regarding the status of your statutory leave under [Name of Act, e.g., FMLA or State Leave Act].

According to our records, your protected leave commenced on [Start Date]. Based on the maximum entitlement allowed by law, your leave is scheduled to be exhausted on [Exhaustion Date].

Please take note of the following regarding your status after this date:

- **Job Protection:** Your statutory job protection will expire as of the date mentioned above.
- **Benefit Coverage:** [Insert information regarding health insurance premiums and benefit continuity].
- **Return to Work:** You are expected to return to work on [Return Date]. If you are unable to return, you must provide updated medical documentation.

If you require further accommodation or wish to request an extension under company policy or the Americans with Disabilities Act (ADA), please contact the Human Resources department no later than [Deadline Date].

Please contact [HR Contact Name] at [Phone Number/Email] if you have any questions regarding this notification.

Sincerely,

[Name]  
[Title]  
[Company Name]