

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

[Date]

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

Re: Termination of Employment

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is terminated, effective [Date], due to your failure to return to work upon the expiration of your medical leave.

Your approved medical leave ended on [Leave End Date]. We previously contacted you on [Date of Last Contact] regarding your expected return; however, we have not received the required medical clearance or any request for a further extension supported by medical documentation.

As you have failed to report to work or provide notification regarding your absence following the expiration of your leave, we are treating this as a voluntary resignation/job abandonment.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for hours worked through [Last Day Worked] and any accrued [Vacation/PTO] (if applicable), will be [mailed to your address/deposited] on [Date].
- Information regarding your benefit status and COBRA eligibility will be sent to you under separate cover.

Please return all company property, including [list items: keys, laptop, ID badge], to the main office by [Date].

If you have any questions regarding your benefits or final pay, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Sender]
[Title]