

[Date]

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

Subject: Termination of Employment

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is terminated, effective [Termination Date].

Our records indicate that your approved Family and Medical Leave Act (FMLA) leave expired on [FMLA End Date]. As previously communicated to you on [Date of Contact/Letter], you were expected to return to work on [Expected Return Date].

Since the expiration of your protected leave, you have failed to return to your position and have not provided additional medical documentation or requested a further reasonable accommodation. As a result, your continued absence is considered an unauthorized leave of absence and job abandonment.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for [unused vacation/PTO, if applicable], will be [mailed to your address/direct deposited] on [Date].
- Information regarding your right to continue health insurance coverage under COBRA will be sent to you in a separate mailing.
- Please return all company property, including [keys, laptop, ID badge], to the main office by [Date].

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

Sincerely,

[Signature]
[Name of Sender]
[Title]