

[Company Header/Logo]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notice of Termination Due to Exhaustion of Leave

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is being terminated, effective [Effective Date], due to the exhaustion of your approved leave of absence.

Our records indicate that your [FMLA/Medical/Personal] leave began on [Start Date] and expired on [End Date]. We have previously communicated with you regarding your return-to-work status on [Dates of previous contact]. As of this date, you have been unable to return to your position, and no further leave entitlements or reasonable accommodations are available at this time.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for [unused vacation/sick time], will be issued on [Date] via [Direct Deposit/Mail].
- Your health insurance coverage will continue through [Date]. You will receive a separate notice regarding your rights to continue coverage under COBRA.
- [Include information regarding 401k or other company property return].

Please return all company property, including [keys, ID badges, laptop, etc.], to [Department/Contact Person] by [Date].

We thank you for your service to [Company Name] and wish you the best in your recovery and future endeavors.

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]