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

[Date]

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

Re: Notice of Employment Separation - Exhaustion of Medical Leave

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is being terminated effective [Last Date of Employment] due to the exhaustion of your available medical leave.

Our records indicate that you began your medical leave of absence on [Start Date]. According to our records and previous correspondence dated [Date of Previous Warning/Notice], you have now exhausted all leave entitlements under [State Law/FMLA/Company Policy].

We understand that you remain unable to return to your position at this time. Unfortunately, we are unable to hold your position open or extend your leave of absence further. Consequently, we must proceed with administrative separation.

Regarding your transition:

- **Final Pay:** Your final paycheck, including any accrued and unused vacation time (if applicable), will be [issued on Date / mailed to your address on file].
- **Benefits:** You will receive a separate notice regarding your eligibility to continue health insurance coverage through COBRA.
- **Company Property:** Please arrange to return all company property, including [keys, laptop, ID badges], by [Date].

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

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Department]