[Date]

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

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is being terminated, effective [Date], due to your continued inability to return to work following an extended medical leave of absence.

As we have discussed previously, your leave began on [Start Date of Leave]. We have reviewed the medical documentation provided and your current eligibility under the Family and Medical Leave Act (FMLA), as well as our internal company policies. At this time, your protected leave has been exhausted, and we understand that you are currently unable to return to your position, with or without reasonable accommodation.

Because we are unable to hold your position open indefinitely and must ensure the operational needs of the department are met, we must move forward with this administrative separation.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for any accrued but unused vacation time, will be [mailed to your address/deposited] on [Date].
- Information regarding your COBRA health insurance continuation rights will be sent to you in a separate mailing.
- [Include information about other benefits, such as 401k or life insurance, if applicable].

Please return any company property, such as keys, ID badges, or laptop equipment, by [Date] to [Location/Person].

We appreciate the contributions you made during your time with [Company Name] and wish you the best in your recovery and future endeavors.

Sincerely,

[Your Name]
[Your Title]
[Company Name]