

[Company Name]
[Address Line 1]
[Address Line 2]
[Date]

[Employee Name]
[Employee Address Line 1]
[Employee Address Line 2]

Re: Notice of Separation - Exhaustion of Medical Leave

Dear [Employee Name],

We are writing to formally notify you of your separation from [Company Name], effective [Last Date of Employment].

Our records indicate that you have been on medical leave since [Start Date]. As of [Date], you have exhausted all available leave entitlements under the Family and Medical Leave Act (FMLA), company policy, and applicable state laws. Based on the medical documentation provided, it is our understanding that you are currently unable to return to your position, with or without reasonable accommodation, at this time.

As a result of your inability to return to work following the exhaustion of your protected leave, we must proceed with an administrative termination of your employment due to medical disability.

Severance and Benefits

In consideration of your service, the company is offering you a severance package. This package is contingent upon the signing of a Separation Agreement and General Release, which is attached to this letter.

- Severance Amount: [Amount/Number of Weeks]
- Payment Date: [Date/Timeline]
- Health Insurance: Your coverage will end on [Date]. You will receive COBRA enrollment information via separate mail.
- Unused Paid Time Off: You will be paid for [Number] hours of accrued PTO in your final paycheck.

Company Property

Please arrange to return all company property, including [keys, laptop, ID badge], by [Date].

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

Sincerely,

[Name]

[Title]

[Company Name]