

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notice of FMLA Exhaustion and Request for Medical Update

Dear [Employee Name],

Our records indicate that your leave under the Family and Medical Leave Act (FMLA) began on [Start Date] and is scheduled to expire on [Exhaustion Date]. As of that date, you will have exhausted your 12-week FMLA entitlement for the current 12-month period.

According to your most recent medical certification, your current return-to-work date is [Current Return Date].

To assist [Name of Medical Clinic] in determining the next steps regarding your employment status and potential accommodations, please provide an updated medical status report from your healthcare provider by [Due Date]. This update should include:

- Your current ability to perform the essential functions of your position.
- An estimated date for your return to work.
- Any specific workplace restrictions or accommodations required for your return.

Please note that because your FMLA leave has exhausted, your job protection under the FMLA has ended. However, we wish to engage in an interactive process with you to discuss if additional leave or other accommodations are available under the Americans with Disabilities Act (ADA) or our clinic's internal policies.

Please submit the updated documentation to [HR Contact Name] via [Email/Fax/In-Person]. If we do not hear from you or receive the requested medical update by [Due Date], we will proceed with administrative actions based on the information currently available to us.

If you have any questions, please contact the Human Resources department at [Phone Number].

Sincerely,

[Signature]

[Sender Name]

[Title]

[Name of Medical Clinic]