

[Date]

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

Subject: Notification of FMLA Exhaustion and Request for Medical Status Update

Dear [Employee Name],

Our records indicate that your leave under the Family and Medical Leave Act (FMLA) commenced on [Start Date]. As of [Date], you have reached the maximum 12-week entitlement for the current 12-month period. Consequently, your FMLA-protected leave has officially exhausted as of [Exhaustion Date].

While your FMLA job protection has ended, we understand that you may still be unable to return to your nursing duties at [Facility Name]. To help us determine the next steps regarding your employment and potential accommodations under the Americans with Disabilities Act (ADA) or other applicable policies, we require an update on your medical status.

Please provide a statement from your healthcare provider by [Due Date] that includes the following information:

- Your current ability to perform the essential functions of your nursing role.
- Any specific physical or clinical restrictions (e.g., lifting limits, standing duration).
- An estimated date for your return to full or modified duty.

Failure to provide this documentation or to contact Human Resources by the date mentioned above may result in the termination of your employment due to an unapproved absence.

Please contact me directly at [Phone Number] or [Email Address] to discuss your status or if you have questions regarding your benefits and remaining leave options.

Sincerely,

[Your Name]  
[Your Title]  
[Department Name]  
[Organization Name]