

[Date]

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

Re: Notice of FMLA Leave Exhaustion

Dear [Employee Name],

This letter is to formally notify you that your Family and Medical Leave Act (FMLA) entitlement is nearing exhaustion or has been exhausted as of [Date].

Under FMLA regulations, eligible employees are entitled to 12 weeks of unpaid, job-protected leave within a 12-month period. Our records indicate the following regarding your leave status:

- **Leave Start Date:** [Date]
- **Total FMLA Hours/Days Used:** [Amount]
- **FMLA Exhaustion Date:** [Date]

As your FMLA protected leave has ended, the job restoration and benefits protections provided under FMLA no longer apply. However, [Organization Name] is committed to supporting our employees. If you are unable to return to work at this time due to a continuing medical condition, you may be eligible for additional leave as a reasonable accommodation under the Americans with Disabilities Act (ADA) or under our internal [Company Name] Medical Leave Policy.

Next Steps:

- If you are able to return to work, please provide a "Fitness-for-Duty" certification from your healthcare provider to Human Resources by [Date].
- If you require additional leave as an accommodation, please submit a written request and updated medical documentation by [Date].

Please contact the Human Resources Department at [Phone Number] or [Email Address] as soon as possible to discuss your return-to-work status or to explore other leave options that may be available to you.

Sincerely,

[Name]
[Title]
[Healthcare Organization Name]