

[Date]

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

Subject: Notification of FMLA Exhaustion and Return to Work Status

Dear [Employee Name],

This letter is to formally notify you that your leave under the Family and Medical Leave Act (FMLA) for your own serious health condition is scheduled to expire on [Date]. According to our records, you will have exhausted your 12-week entitlement as of that date.

As you approach the end of your protected leave, we require clarification regarding your ability to return to your position as [Job Title]. Please review the following requirements:

1. Fitness-for-Duty Certification:

Before returning to work, you must provide a medical certification from your healthcare provider. This document must state that you are able to resume your essential job functions, with or without reasonable accommodation. We have enclosed a copy of your job description for your provider to review.

2. Return to Work Date:

Your anticipated return to work date is [Date]. Please report to [Name/Department] at [Time].

3. Request for Accommodation:

If you are unable to return to full duty and require a reasonable accommodation under the Americans with Disabilities Act (ADA), please contact the Human Resources department immediately at [Phone Number/Email]. We will then begin the interactive process to determine if a reasonable accommodation can be made.

Please note that failure to return to work on the date specified above or failure to provide the required medical clearance may be treated as a voluntary resignation of your employment, unless additional leave has been approved as an accommodation.

If you have any questions regarding your benefits, your leave status, or the return-to-work process, please contact me directly.

Sincerely,

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

Enclosure: Job Description