

Date: [Insert Date]

To: [Employee Name]

Position: [Job Title]

Department: [Clinic Name/Location]

Subject: Notification of FMLA Entitlement Exhaustion

Dear [Employee Name],

This letter is to formally notify you that your leave under the Family and Medical Leave Act (FMLA), which began on [Leave Start Date], is scheduled to expire on [Exhaustion Date]. As of that date, you will have utilized your full 12-week entitlement of job-protected leave within the current 12-month period.

Our records indicate your current return-to-work date is listed as [Expected Return Date]. Please review the following options regarding your employment status after your FMLA leave ends:

- **Return to Work:** If you are cleared to return to work on your scheduled date, please provide a Fitness-for-Duty certification from your healthcare provider to Human Resources by [Deadline Date].
- **Request for Accommodation:** If you are unable to return to work due to a continuing disability, you may request a reasonable accommodation under the Americans with Disabilities Act (ADA). This may include a request for additional unpaid leave as an accommodation.
- **Other Leave Types:** If applicable, you may be eligible for [Company Name]'s internal medical leave or personal leave policies. Please refer to the employee handbook or contact HR for eligibility details.

Please be advised that if you do not return to work or contact us to request a formal extension/accommodation by [Date], we will consider you to have voluntarily resigned from your position at [Clinic Name].

Regarding your benefits, [Insert information regarding health insurance premium payments or COBRA if applicable].

Please contact the Human Resources Department at [Phone Number] or [Email Address] by [Date] to discuss your status and next steps.

Sincerely,

[Name]

[Title]

[Clinic/Organization Name]