

Date: [Insert Date]

To: [Employee Name]

Address: [Employee Address]

Employee ID: [Insert ID Number]

Subject: Notification of FMLA Exhaustion and Request for Medical Clearance

Dear [Employee Name],

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

To facilitate your return to work, you are required to provide a **Fitness-for-Duty Certification** or medical clearance from your healthcare provider. This documentation must be submitted to the Human Resources Department no later than [Date].

The medical clearance must state:

- Your ability to resume your essential job functions.
- Any specific physical or cognitive work restrictions, if applicable.
- The anticipated duration of any required accommodations.

If you are unable to return to work upon the exhaustion of your FMLA leave, please contact us immediately to discuss potential leave extensions as a reasonable accommodation under the Americans with Disabilities Act (ADA) or other applicable company policies.

Failure to report to work or provide the necessary medical documentation by [Date] may result in the termination of your employment relationship.

Please contact [HR Contact Name] at [Phone Number] or [Email Address] if you have any questions regarding your benefits or return-to-work status.

Sincerely,

[Your Name]

[Your Title]

[Company Name]