

[Date]

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

Subject: Notification of FMLA Leave Exhaustion

Dear [Employee Name],

This letter is to formally notify you regarding your leave of absence status as a Patient Care Coordinator with [Company Name].

According to our records, your 12-week entitlement to job-protected leave under the Family and Medical Leave Act (FMLA) will be exhausted on [Date].

As of [Date], your FMLA protections will end. Please choose one of the following options regarding your employment status:

- **Return to Work:** If you are able to return to your duties as Patient Care Coordinator, please provide a "Fitness for Duty" certification from your healthcare provider by [Date]. Your scheduled return date is [Date].
- **Request for Accommodation:** If you are unable to return to work due to a continuing medical condition, you may be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA). Please contact the Human Resources department to begin the interactive process.
- **Unpaid Leave of Absence:** If you do not qualify for an accommodation and cannot return to work, you may request an extension of unpaid leave, subject to management approval and company policy.

Please note that failure to return to work or contact Human Resources by [Date] may be considered a voluntary resignation of your position.

Regarding your benefits, [insert specific information regarding health insurance premiums or benefit transitions here].

Please contact me directly at [Phone Number] or [Email Address] by [Date] to discuss your intentions and next steps.

Sincerely,

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