

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

**Re: Notice of FMLA Leave Exhaustion and Status Update**

Dear [Employee Name],

This letter is to inform 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.

To assist us in planning for your return or determining next steps, please provide an update regarding your medical status. Specifically, we require the following information by [Deadline Date]:

- A formal medical release from your healthcare provider confirming your ability to return to work, including any necessary restrictions or accommodations.
- If you are unable to return to work upon the expiration of your FMLA leave, please provide documentation regarding your expected return date.

If you remain unable to return to work due to a disability, you may be eligible for additional leave as a reasonable accommodation under the Americans with Disabilities Act (ADA) or other clinic policies. We are committed to engaging in an interactive process with you to discuss potential options.

Please contact the Administration Office at [Phone Number] or [Email Address] to discuss your status or to submit your documentation. Failure to provide an update or return to work following the exhaustion of your FMLA leave may impact your employment status.

We look forward to hearing from you soon.

Sincerely,

[Your Name]

[Title]

[Clinic Name]