

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notification of FMLA Exhaustion and Employment 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 or the care of a family member will expire on [Date]. As of that date, you will have exhausted your 12-week entitlement for the current 12-month period.

Our records indicate that you are currently scheduled to return to work on [Return Date].

Please be advised of the following regarding your status as an Allied Health Professional:

- **Return to Work:** If you are able to return to work on your scheduled date, please provide a fitness-for-duty certification from your healthcare provider to the Human Resources department by [Date].
- **Request for Accommodation:** If you are unable to return to work due to a disability, you may be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA). Please contact [Contact Name/Department] by [Date] to begin the interactive process.
- **Unpaid Leave:** If you do not qualify for further protected leave or an ADA accommodation, any additional absence may be considered unauthorized and could impact your employment status.
- **Benefits:** Information regarding your continued health insurance coverage and premium payments is attached.

We value your contributions to our clinical team. Please contact the Human Resources Department at [Phone Number] or [Email Address] as soon as possible to discuss your intentions regarding your return to work.

Sincerely,

[Name]

[Title]

[Organization Name]