

[Date]

[Employee Name]

[Employee ID]

[Home Address]

[City, State, Zip Code]

Subject: Notification of FMLA Exhaustion and Request for Medical Update

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 exhausted as of [Exhaustion Date]. Based on our records, you have utilized your full 12-week entitlement for the current 12-month rolling period.

As a member of our Clinical Operations staff, your role is vital to our patient care standards and operational continuity. Because you remain unable to return to work at this time, we require updated information regarding your medical status to determine the next steps in your employment relationship and to explore any potential reasonable accommodations.

Please provide the following documentation by [Deadline Date]:

- A formal medical update from your healthcare provider.
- An estimated date of return to work.
- Specific information regarding any functional limitations or workplace restrictions that may require accommodation.

Failure to provide this information or to return to work may result in your transition to an unapproved leave status, which could impact your employment and benefit eligibility. We wish to engage in the interactive process with you to understand if further leave or other accommodations are necessary and reasonable.

Please submit the required medical documentation to the Human Resources Department via [Fax Number/Email Address]. If you have questions regarding your benefits or your status within the Clinical Operations department, please contact me directly at [Phone Number].

Sincerely,

[Signature]

[Name of HR Representative]

[Title]

[Organization Name]

cc: [Department Manager Name/Personnel File]