**EXTENDED UNPAID MEDICAL LEAVE**

**(EXHAUSTED FMLA/CFRA)**

<Date>

<Name>

<Address> or <email>

RE: Return-to-Work Status

Dear <name>­­­:

We are writing to you regarding your absence from work due to an approved FMLA/CFRA leave, which started on <date>. Your FMLA/CFRA Leave of 12 weeks expires on <date> and you will have exhausted your leave entitlement under both federal and state-mandated leaves. We therefore expect you to return to work by <date>. If you are unable to return to work, please contact me before <expected date of return>to discuss your options.

If you do not return to work or we do not hear from you by <date>, we may consider that you have voluntarily resigned from your position.

If you have any questions, please call me at <phone> or email me at <email>.

Sincerely,

<Name>

<Title>