**Extended Unpaid Leave Letter**

**(Non FMLA/CFRA)**

Print on Company Letterhead

<Date>

<Name>

<Address> or <email>

Dear <name>:

We have received your request for an extension of your unpaid leave of absence to care for your <family member >. I am sorry to see that your <family member> continues to be challenged with their health and needs your <full-time or intermittent> care. Your FMLA/CFRA leave initially began on <date>. You will exhaust your 12-week FMLA/CFRA allowance on <date>. You are requesting an extension through <date>.

We are approving your unpaid leave extension from <date> through <date>. However, as of <date> this time off will no longer be covered under the FMLA/CFRA laws; and your health benefits and return to work reinstatement can no longer be guaranteed.

We have held your position open while you have been on FMLA/CFRA leave. However, we cannot hold your position open any longer than <date> and cannot guarantee you a position when you are able to return to work. We will begin recruiting for someone to fill your position. If and when you are available for work, we will review your request to return to work and will consider you for any open position for which you may be qualified. If we are not able to offer you a position, then your employment with us will end.

Please contact me two weeks prior to your planned return date of <date>, with an update on your situation. If we do not hear from you by <date>, we may consider that you have voluntarily resigned.

We wish the best for you and look forward to hearing from you before <date>.

If there is additional information you or your family member’s health care provider have that we should know, please share that so we may make an informed decision. Please contact me at <phone> or <email> with any questions you may have.

Sincerely,

<Name>

<Title>