**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 will expire on <date> and you will have exhausted your leave entitlement under both federal and state-mandated leaves and the Company’s leave policies. You have provided us with medical certification from your health care provider indicating that you cannot return to work until <date>. Therefore, we are granting you an additional medical/disability leave from <date> to <date>.

We are willing to consider providing you with an accommodation that will allow you to perform the essential functions of your job, without causing an undue hardship to the Company. To evaluate all potential accommodations,<including your request for additional leave>, we need to receive medical documentation from your treating health care provider. Please send the attached questionnaire to your treating health care provider and ensure it is completed and returned to me no later than the close of business on <insert date: allow at least 15 days>. If you are requesting additional leave, please also complete and return the attached “Leave of Absence Request” form.

If there is additional information you or your health care provider have that we should know, please share that so we may make an informed decision. If we do not hear from you by <date>, we may consider that you have voluntarily resigned from your position.

We also wish to inform you that due to your lengthy absence and expiration of FMLA/CFRA, your position can no longer be guaranteed. When you are fit-for-duty and ready to return, we will review your request to return to work and will consider you for any open position for which you may be qualified.

Your health benefits coverage will end on <date>. You are eligible to continue medical and/or <dental, vision> benefits through COBRA, at your own expense, as of <date>. We have notified <COBRA administrator name>, our COBRA administrator, of your qualifying event and you should receive a COBRA notice and application within the next few weeks. If you do not receive the COBRA paperwork, please let me know.

We wish you well. Please contact me at <phone> or <email> with any questions you may have.

Sincerely,

<Name>

<Title>

Enclosures: Reasonable Accommodation Questionnaire, Leave of Absence Request Form