FMLA SAMPLE LETTER CONTENTS

 Ending FMLA-Exhaustion of FMLA Hours

7/2013

Date

Name

Address

Dear…….

This letter is to inform you that as of (DATE), you have exhausted the 12 weeks’ worth of hours of FMLA coverage allowed. Leave time taken beginning (Date) attributable to the medical condition certified by your health care provider was considered FMLA leave and was counted toward your 12 weeks of coverage available to you under the law.

You have the right under the FMLA for up to 12 weeks of paid or unpaid leave in the 12 month period measured forward from the date FMLA leave began.

Because you have zero hours of FMLA coverage left, you are no longer protected under the FMLA Law. You will be expected to return to work with a release from your medical provider. If you are unable to return to work, please contact me immediately to discuss your situation. Please remember all leave must be requested and approved by your supervisor.

Your next opportunity to re-apply for FMLA coverage, if needed, will be (DATE).

If I can assist you in any way with this matter, please let me know immediately. You may contact me at (CONTACT INFORMATION).

Sincerely,

cc: Director/Supervisor

 File