

Confirmation of Conclusion of FMLA Leave

[Date]

[Employee Name]

[Street Address]

[City, State, Zip Code]

Re: Conclusion of Your Absence from Work Under the Family and Medical Leave Act

Dear [Employee Name]:

As you were notified at the beginning of your current period of absence taken under the Family and Medical Leave Act (FMLA), both the FMLA and the company's policy require you to return to work on the date on which that leave will be exhausted. Under the Family and Medical Leave Act, the maximum leave available is 12 workweeks per 12-month period, whether taken in one block or over a more extended period through the use of intermittent or reduced schedule leave.

Your leave period will conclude on [date]. Accordingly, you are expected back at work and must return on the following workday, [day and date]. Since your use of leave was linked to your own serious health condition and in accordance with our uniform company policy, you must provide certification from a healthcare provider that you are able to return to your job.

If you fail to return to work on the date indicated above, the company will conclude that you have abandoned your position, and your employment will be terminated. If there are additional circumstances that may be relevant or that you may wish to bring to the company's attention regarding your absence or your condition, please feel free to contact me in advance of your scheduled date of return.

We look forward to your return to work as scheduled or to hearing from you in advance of that date, should other circumstances be present.

Sincerely,

Director of Human Resources

Copy: Employee confidential medical file