**Official Leave Letter Template**

Date

Employee Name

Address

City, State

Zip

Dear <Employee Name>:

This letter serves as notification of the expiration of your leave entitlement under the Family and Medical Leave Act. Your leave, which began on <date>, will exhaust the twelve weeks entitlement under FMLA on Date.

<Since/If> your healthcare provider has not released you to return to work, a continuation of medical leave of absence will be processed as requested. In order to be eligible for medical leave of absence, you must provide a physician statement explaining the reason and duration for your continued absence from work. Please provide this statement by <date>. You will be expected to provide periodic updates as to your status and intent to return to work.

Your continued medical leave, effective <date>, is classified as a medical (Non-FMLA) leave of absence which is not a job protected absence. Non FMLA leaves of absence (i.e. medical leave of absence, personal leave of absence, etc.) do not guarantee an employee’s return to the same position or reinstatement to any position. This letter serves as a notification that your position will be held until <date>. If you have not returned by that time, your position may be posted with Recruiting.

Medical leaves of absence run concurrently with any FMLA leave and will not exceed twenty-nine (29) months in duration. Unless your healthcare provider releases you to return to work prior to <date 29 months ends), this date will end your twenty-nine (29) months of medical leave and your employment relationship with Emory University.

Sincerely,