

## **SAMPLE NOTICE TO EMPLOYEE OF EXPIRATION OF FMLA**

August 1, 2013

Employee Name  
Address  
City, State Zip

Dear Employee Name,

This letter is sent as a reminder that your 12 weeks of Family and Medical Leave (FMLA) leave expires on August 15, 2013. Accordingly, you are expected to return back to work on August 16, 2013. Because your FMLA leave was the result of your own serious health condition, you must provide certification from your health care provider that specifies the date you are able to return to your job and your ability to perform the essential functions of your job with or without reasonable accommodation. Enclosed is a copy of your job description to provide to your health care provider.

If you are unable to return to work on August 16, 2013, you must inform us of your intent to return to work. You may wish to consider an unpaid leave of absence which requires you to submit a written request to your Division Head including an update from your health care provider with his/her opinion on whether you can perform the essential functions of your job with or without reasonable accommodation (1) currently, (2) in the near future, or at a later specified date. Also please have your health care provider list the suggested accommodations, if any, which he/she believes would allow you to perform the essential functions of your position. Again, you will need to provide your health care provider with the enclosed copy of your job description.

Please be assured that the Superior Court is committed to working with employees in exploring and considering their requests for assistance in light of the Department's needs. Enclosed please find a copy of Mohave County Administrative Procedure 11-1 (II.7.E) concerning unpaid leaves of absence.

Should you have any questions regarding the above information or if I can be of any assistance to you, please do not hesitate to contact me at 928-718-4928.

Sincerely,

Name  
Human Resource Manager

Encl.

cc: Division Head (w/o enclosures)