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| ***Click here to enter a date*** | |
| ***Click here to enter First and Last Name*** | |
| ***Click here to enter Street Address*** | |
| ***Click here to enter Agency City, State Zip*** | |
| **Subject: Family & Medical Leave – Exhaust Notice** | |
| This letter is to notify you that your Family and Medical Leave protected leave is about to exhaust. As of ***Click here to enter a date***, you have ***Click here to enter Hours Remaining*** hours remaining of Family and Medical Leave entitlements for this leave year. You are projected to exhaust these remaining hours on or about ***Click here to enter a date***. | |
| **Block of Time** | The most recent medical information we received supports your need to be off work through ***Click here to enter a date***, which is beyond the date we anticipate your protected leave will exhaust.  Any absence from work after your Family and Medical entitlements have exhausted will require agency prior approval. Per ***Click here to enter Bargaining Unit Language***. If you are requesting LWOP for an extended period, you must submit a written request to ***Click here to enter Contact Information*** within ***Click here to enter Number of Days*** days. A supporting statement from your healthcare provider ***Click here to enter Is or Is Not*** needed to certify the continued need for leave and must include an anticipated return to work date. |
| **Intermittent Leave** |
| **Release to Return to Work:** Prior to returning to work, a statement from your healthcare provider certifying you are released to return to work full-time with or without restrictions ***Click here to enter Is or Is Not*** required. If your healthcare provider indicates work restrictions on the release form, these will be reviewed to determine if there is suitable and available work. The form, if required, is included with this letter.  **Return to Work:** You must contact your supervisor with an update to your plans to return to work on or before ***Click here to enter a date***.  **Absence From Work:** Any absence from work after exhausting your Family and Medical Leave entitlements including the use of leave without pay (LWOP), will require agency approval. Any absence for which the agency has not approved may be charged to unauthorized leave without LWOP.  **Insurance Benefits:** Under Public Employees Benefits Board (PEBB) guidelines, in order for your insurance benefits to continue without interruption, you will be required to have 80 hours of paid status (e.g., work or paid leave) within a calendar month in order for the agency to continue to pay all or part of your insurance premium payments.  If you do not have accrued leave available to cover your absence, you will need to contact Payroll at ***Click here to enter Payroll’s Contact Information*** regarding continuing your benefits through Affordable Care Act (ACA) or COBRA.  **Workers Compensation:** If you are off work due to a Workers Compensation claim, your benefits will continue to be paid by the agency in accordance with Covered Benefits for Injured Workers (CBIW) regulations. There will be no gap in coverage. | |
| Please contact us if you have any questions concerning your Family and Medical Leave entitlements. | |

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| **Signature:** | ***Click here to enter your name/signature*** |
| **Position:** | ***Click here to enter Your Position or Title Name*** |
| **Phone:** | ***Click here to enter Phone Number(s)*** |
| **Fax:** | ***Click here to enter Fax Number*** |