

**Place on Department/Agency Letterhead**

**MEMORANDUM**

Date:

To:

From:

RE:

You have exhausted your twelve (12) weeks of protected leave entitlement under The Family and Medical leave Act. In order to plan our work and maintain appropriate staffing levels, we need to know what your situation is. We have not received any additional updates since you applied for your medical leave.

Please contact (name of supervisor) within the next week to let us know if and when you will be returning to work with a medical release. If you are unable to return to work at this time, there are other leave options you should discuss with your supervisor. The decision to approve additional leave will depend upon several factors and we will discuss this with you when you call. Updated medical information will be required. Feel free to call if you have any questions.

Cc: Employee's supervisor  
Department/Agency Personnel/Payroll Representative  
Lisa Rickey, Human Resources