



Date: _____

To: _____

Employee ID # _____

From: _____

Subject: **Exhausted Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA) Absences**

The Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) authorize employees to take up to 12 weeks of protected leave (per FMLA year) in the following situations:

- An employee or eligible family member experiences a “serious health condition”;
- An employee requests bonding time following child birth, adoption or foster care placement;
- An employee’s spouse, child or parent has been called to active military duty.

Your current FMLA Year is from _____ to _____.

The purpose of this letter is to inform you that you have exhausted your 12 weeks of FMLA/CFRA absences.

The protections afforded by FMLA and CFRA have ended for your current FMLA Year.

Confirmation of Delivery

This letter was:

- Hand-delivered
- Sent via regular postal mail
- Sent via e-mail
- Sent via certified postal mail (identify mail certification number: _____)
- Other (include details: _____)