

Dear [employee name],

I am writing to you as a follow up to our meeting earlier this week and today regarding your status of employment with [employer name]. As we discussed, you have used 12 weeks of FMLA since [date]. In addition your accrued leave balances which we have been applying in order to maintain the employer paid portion of your medical premiums will all be exhausted effective the pay period ending [date] and will be paid to you on [date]. This means that you will have exhausted all paid leave effective as of the pay period beginning [date].

You may submit a request for unpaid leave, however, if you intend to be absent subsequent to the expiration of paid leave. Any such request is subject to review and may or may not be approved.

One form of unpaid leave that you may request is a reasonable accommodation under the Americans with Disabilities Act. To qualify for unpaid leave as a reasonable accommodation, we must receive medical substantiation that (1) you have a qualifying disability, and (2) that a finite period of unpaid leave will likely result in your return to normal duties at the expiration of the leave. In addition, we must determine that the specific period of leave requested will not create an undue hardship on the [city/town/county/school district]. Another form of unpaid leave may be available under [city/town/county/school district] policy. If you do not or cannot submit a medically substantiated request that satisfies the requirements of the ADA for purposes of receiving unpaid leave as a reasonable accommodation, you may still submit a request for general unpaid leave under the [city/town/county/school district]'s Leave of Absence without Pay contained in section [#] of the Personnel Policy Manual.

Employees who have exhausted all forms of available and approved leave and are still unable to return to work, with or without reasonable accommodations, shall be considered to have voluntarily resigned their position, and/or may be terminated for being absent without leave.

We discussed you providing a note from your health care provider which identified a specific date by which he/she expected you will be able to return to work and complete your regular duties with or without reasonable accommodation. I am unclear at this time if you intend to request a leave of absence, as we have not yet heard back from you. Please contact me to let us know of your intentions by no later than [date]. If we do not hear from you by that date will have no choice but to consider you to have resigned, and/or to terminate your employment for being absent without leave.

As we discussed, since you will no longer be in a paid status with [city/town/county/school district] and since you will no longer be covered by FMLA your employer paid portion of the health insurance premium will terminate [date]. If you choose to request a leave of absence without pay you will be eligible to continue the health insurance by making arrangements to pay the full amount of the premium in advance each month.

If you are no longer employed, you will be eligible for COBRA beginning [date]. Under COBRA, you will be responsible for the full health insurance premium in the amount of \$ [amount] which represents 102% of the full two person premium. You will receive a notice directly from [Insurance Carrier name] regarding payments & your rights under COBRA.

[If WC is involved] My understanding is that you will continue to receive Worker's Compensation payments. Please direct all inquiries regarding your worker's compensation benefits to Primex. In the event your employment terminates, you should be aware that any requested reinstatement arising from your workers compensation matter is governed by and would be determined under RSA 281-A:25-a.

In the meantime, should you have any questions, please don't hesitate to contact me at your earliest convenience. I am more than happy to discuss your leave status and benefits with you at any time.

Sincerely,

[Name]

[Title]

SAMPLE