**Agency Letter Head**

Insert date.

Employee Name

Employee Street

Employee City, State Zip

Dear Employee Name:

[FMLA Language – DELETE IF NOT RELEVANT

We have previously notified you that your job protected leave ends on Insert date., and you were expected to return to work on Insert date..

or

We have previously notified you that your absence may have qualified for job protected leave, however, we have not received the necessary documentation from you in order to designate your leave.]

Please contact the Agency Human Resources office as soon as possible regarding the status of your employment. You have been in a Leave Without Pay status since Insert date.. To date, you have not returned to work, nor have you informed this agency of the date you plan to return to work. Please be advised that you are not covered under an approved absence and are considered absent without official leave (AWOL).

If you are unable to return to work, you may resign from your position as Employee Job Title. If Agency HR does not receive any further response from you by Insert date., or you do not return to work byInsert date., procedures may be initiated to terminate your employment.

If you have any questions regarding this notice, you may contact HRA Name, Job title at HRA phone number or electronically at HRA email address.

Sincerely,

Agency POC

Job Title

Department

Agency