

(INSERT DEPARTMENT LETTERHEAD)

(DATE)

**CONFIDENTIAL – (SENT VIA EMAIL or HAND-DELIVERED or CERTIFIED MAIL) –
Choose one**

(EMPLOYEE FULL NAME)

(UIN)

(EMPLOYEE CLASSIFICATION)

(COLLEGE/UNIT)

Nearing Exhaustion of FMLA Entitlement

Dear (EMPLOYEE NAME):

This letter serves to confirm that your leave entitlement under the Family and Medical Leave Act (FMLA) is nearly exhausted. At this time, you have used (NUMBER) hours of Family and Medical Leave and have (NUMBER) **hours remaining** through (MONTH DAY, YEAR). You will become eligible to reapply for another **(450/480 - CHOOSE ONE, if part-time employee, prorate the hours) hours** of FMLA on (MONTH DAY, YEAR), provided you have a medical certification that substantiates FMLA usage and you have worked 1,000 hours in the previous FMLA year.

Please be aware that any absences for which you do not have approved leave may result in an unauthorized and unexcused absence subject to disciplinary action.

If you would like information about SURS disability, please contact Illinois Human Resources at 333-3105 or IHR-LER@mx.uillinois.edu to request more information. In addition, you can visit SURS' website at <http://www.surs.com>.

Please contact the department human resources at (PHONE NUMBER) with any questions or if you need additional information.

Sincerely,

(FULL NAME)

(CLASSIFICATION)

*Enclosures: Employee Resource List
SURS Disability Hand-Out*

c: (EMPLOYEE'S SUPERVISOR)
Department Medical File