

**(INSERT DEPARTMENT LETTERHEAD)**

**(DATE)**

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

**(EMPLOYEE FULL NAME)**

**(UIN)**

**(EMPLOYEE CLASSIFICATION)**

**(COLLEGE/UNIT)**

**Warning of Leave Expiration**

Dear **(EMPLOYEE NAME)**:

Our records indicate that your Leave entitlement under the Family Medical Leave Act will expire on or about **(MONTH DAY, YEAR)**.

Should your leave entitlement be exhausted, you are expected to return-to-work with a full medical release. Any absence beyond the FMLA entitlement may result in an unauthorized and unexcused absence.

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 department at **(PHONE NUMBER)** with any questions or if you need additional information.

Sincerely,

**(FULL NAME)**

**(CLASSIFICATION)**

*Enclosures: Employee Resource List*

c: **(EMPLOYEE'S SUPERVISOR)**  
Department Medical File