**SAMPLE - Exhaustion of Medical Leave of Absence Without Pay**

**[Date]**

**[Name]**

**[Address]**

Via **[Hand Delivery OR Certified Mail No.\_\_\_\_\_\_\_\_\_]**

Dear **[Mr./Ms. Last Name]**:

In accordance with subsection 14.8 of the Division of Personnel's *Administrative Rule*, W. Va. Code R. §143-1-1 *et seq*., Leave of Absence Without Pay, you are entitled to a medical leave of absence without pay not to exceed six (6) months within a twelve month period. Additionally, you could request a personal leave of absence without pay; however, approval of a personal leave of absence is at the discretion of the appointing authority. Our records indicate that you were granted a medical leave of absence from your position as **[classification]**, from **[date]** to **[date**].

Whereas you have exhausted your six-month medical leave of absence entitlement, I must inform you that you may request a discretionary personal leave of absence without pay (Form DOP-L2 enclosed) or return to work on **[date - *day after medical leave is exhausted*]**, immediately providing Form DOP-L3 (enclosed), completed by your physician, and releasing you to return to full, unrestricted duty. Should you fail to follow this directive, you will be contacted for a predetermination conference wherein your dismissal for failure to return from leave of absence would be discussed. For your information, Subsection 14.8.d. of the *Administrative Rule,* which sets forth an employee’s responsibility at the end of a leave of absence without pay, is enclosed with this letter.

If you have any questions or need additional information, please contact **[name]**, **[title]**, at **[telephone number]**.

 Sincerely,

 **[Appropriate Signature Authority]**

Enclosures

c: Agency Personnel File

 West Virginia Division of Personnel

**[OPTIONAL LANGUAGE - *If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgment typed at the bottom of the letter*.]**

I have received a copy and am aware of the contents of the foregoing letter

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

**[OPTIONAL LANGUAGE - *If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.*]**

The undersigned certifies that the above letter / notification was mailed to **[name]** by first-class and certified mail, return receipt requested, on the \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

**[signature]**\_\_\_\_\_\_\_\_\_\_\_\_\_

**[typed name and title]**

[NOTE: *Revised 11/2014. Ensure law, rule, and policy language is current.*]