***[Letter 5 —TO BE PLACED ON DISTRICT LETTERHEAD AND USED TO CONFIRM A CLASSIFIED EMPLOYEE’S EXHAUSTION OF RIGHTS ON THE MEDICAL REEMPLOYMENT LIST]***

[DATE]

[NAME AND ADDRESS OF EMPLOYEE]

Re: Exhaustion of Rights on Medical Reemployment List

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter will confirm that as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, after a good faith interactive process, you were separated from service with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District (District) and were placed on the District’s 39-month [or 24-month if probationary] reemployment list. During the applicable 39 [or 24] months, you have not been medically able to return to work.

As of \_\_\_\_\_\_\_\_\_\_\_\_, the 39 [or 24] months will be exhausted. On that date, you will no longer be eligible for preferred reemployment rights with the District. However, should your medical condition improve in the future, please consider submitting an application for vacant positions for which you are qualified.

We wish you well in your future endeavors.

Sincerely,

[DISTRICT ADMINISTRATOR]