

Product #1: Complete FMLA to ADA Implementation Package with FMLA to ADA Transition Documents

Generic To All Leaves

Form Name	Description
GE1001 Job Description Supplement	To supplement the job description for the job title stated above by addressing the physical and/or mental needs of the position in order to better assist health care providers in completing the medical certification forms.
GE1002 Leave of Absence Request	Use to formally document employee leave requests.
GE1003 Certification of Health Care Provider for Employee Return to Work	Healthcare Provider certification that employee can return to work with no modifications and/or accommodations or provides a list of restrictions and/or accommodations. Employee may NOT return to work from a medical leave until this form is received in your office.
GE1004 Authorization for Release of Medical Information	Use to obtain permission from employee to obtain additional facts regarding the medical information needed to evaluate the leave request (not required but encouraged).
GE1005 Blank MLM Employee Leave Matrix	A tool for the Human Resources Department used to verify employee's eligibility for the various types of leave and accommodation policies, which are available through your organization, state and the federal government. This spreadsheet can be used to determine which leaves can run concurrently and to track leaves on a quarterly, biannual, or annual basis, whichever meets the needs of your organization.
GE1006 Blank MLM Policy Assessment	Used to cross-reference all leave of absence policies and related policies and benefits, consistent with your policy manual, contracts or memos of understanding. It also tracks the location of the leave in your policy manual as well as criteria for those policies, such as total number of days available, how to request it, who is eligible, etc. Allows for quick customization of Letter/Form Templates.
GE1007 Blank MLM Timeline	Use this spreadsheet to track ALL correspondence pertaining to an employee's leave of absence and the associated due dates, expiration or return to work dates. It is your record of everything that occurs during an employee's leave of absence. <i>We cannot stress enough how important it is to accurately maintain this record.</i>
GE1007A Example MLM Timeline 1	Example of MLM in use
GE1007B Example MLM Timeline 2	Example of MLM in use
GE1007C Example MLM Timeline 3	Example of MLM in use

Americans with Disabilities (ADA)

ADA Forms	
Form Name	Description
FD1001 ADA Essential Function Job Analysis - Health Care Provider Evaluation Form	Using information on the ADA Essential Function Job Analysis/Health Care Provider Analysis Form (ADA Medical Certificate) provided to the employee to document what essential functions can be performed with or without accommodation(s) and the duration of the accommodation.
FD1002 ADA Accommodation Undue Hardship Analysis Form	Use this form to document your efforts to determine what type accommodation(s) can reasonably be provided without causing undue hardship to the organization.
FD1003 ADA Good Faith Meeting Notes	Use this form to document what was discussed during the Good Faith Interactive Meeting.
FD1004 ADA Employee - Employer Suggested Accommodation Form	Use this form to document medical restrictions and suggested accommodations made by the employee or employer that need to be analyzed to evaluate if there is or is not undue burden placed on the organization.

FD1005 FMLA ADA Curing - Second - Third Medical Opinion Justification Form	To document what is inconsistent with the medical certificate and the employee's usage and or accommodation on the job site. This could also be because you noticed that the issue is for migraines and the doctor happens to be a veterinarian (Yes, we have had this happen!).
FD1006 FMLA ADA Background Data	To assist you in completing the FMLA and/or ADA Curing letters using the restrictions listed on the FMLA and/or ADA Essential Function Job Analysis/Health Care Provider Analysis Form Medical Certificate.
ADA Primary Package	
Form Name	Description
FD1101 ADA Employee Accommodation Request Letter	Use this letter to confirm you received the employee's requested accommodation(s) for her or his disability. This letter is utilized if you are not able to accommodate or "conditionally" the request, but need additional information.
FD1102 ADA Accommodation Approval Letter	Use this letter to document that an accommodation has been identified and agreed upon by both the employer and employee.
FD1103 ADA Accommodation Conditional Designation - Good Faith Meeting Letter	Use this letter to acknowledge that an accommodation is needed, request an ADA Essential Function Job Analysis/Health Care Provider form (ADA Medical Certificate), and schedule a Good Faith Interactive meeting.
FD1104 ADA Accommodation Conditional Designation - Good Faith Meeting Original Letter Returned	Use this letter when the original Conditional Designation, Good Faith Interactive Meeting Employee Letter is returned as undeliverable because the employee's address had not been updated. Hand-deliver this letter if the employee is still working.
FD1105 ADA Accommodation Conditional Designation - Good Faith Meeting Second Notice Letter	Use this letter when there has been no response from the employee after sending the original conditional designation letter.
FD1106 ADA Accommodation Conditional Designation - Good Faith Meeting Third and Final Notice Letter	Use this letter when the employee fails to return a completed ADA Essential Function Job Analysis/Health Care Provider Evaluation Form (ADA Medical Certificate) after the second request has been sent. It should be sent the day after the second request due date. EXAMPLE: If the medical certificate was due on the 15th, the 2nd due date was the 22nd, this letter should be sent on the 23rd.
FD1107 ADA Medical Certificate Clarification Request - Good Faith Meeting Letter	Use this letter when the ADA Essential Function Job Analysis - Health Care Provider Analysis Form (ADA Medical Certificate) received from the employee is not specific enough regarding the accommodation required.
FD1108 ADA Medical Certificate Clarification Second Request - Good Faith Meeting Letter	Use this letter when the employee has not responded to the original clarification request.
FD1112 ADA Accommodation - Failure to Return to Work Voluntarily Terminated Letter	Use this letter when the employee failed to return to work and has not responded to requests for information from your company.
FD1113 ADA Accommodation Ended - Return to Work No Restrictions	This letter is used to confirm that the employee has been released to return to work without restrictions and is expected to perform the essential functions of her or his job without accommodations.
SEE ADA FORMS	
ADA - Workers' Compensation (WC)	
Form Name	Description
FD1201 ADA Accommodation Approval Letter - WC	Use this letter to document that an accommodation has been identified and agreed upon by both the employer and employee. This letter also notifies the employee that although Workers' Compensation and ADA accommodations and/or leaves may run concurrently, they are completely separate benefits.
FD1202 ADA Accommodation Conditional Designation - Good Faith Meeting Letter - WC	Use this letter to acknowledge that an accommodation is needed, request an ADA Essential Function Job Analysis - Health Care Provider form (ADA Medical Certificate), and schedule a Good Faith Interactive meeting. It also, once again, formally notifies the employee that ADA leave is completely separate from her/his Workers' Compensation Leave.

FD1203 ADA Accommodation Conditional Designation - Good Faith Meeting Original Letter Returned - WC	Use this letter when the original Conditional Designation, Good Faith Interactive Meeting Employee Letter is returned as undeliverable because the employee's address had not been updated. Hand-deliver this letter if the employee is still working. It also, once again, formally notifies the employee that ADA leave is completely separate from her/his Workers' Compensation Leave.
FD1204 ADA Accommodation Conditional Designation - Good Faith Meeting Second Notice Letter - WC	Use this letter when there has been no response from the employee after sending the original conditional designation letter. It also, once again, formally notifies the employee that ADA leave is completely separate from her/his Workers' Compensation Leave.
FD1205 ADA Accommodation Conditional Designation - Good Faith Meeting Third and Final Notice Letter - WC	Use this letter when the employee fails to return a completed ADA Essential Function Job Analysis - Health Care Provider Evaluation Form (ADA Medical Certificate) after the second request has been sent. It should be sent the day after the second request due date. EXAMPLE: If the medical certificate was due on the 15th, the 2nd due date was the 22nd, this letter should be sent on the 23rd. It also, once again, formally notifies the employee that ADA leave is completely separate from her/his Workers' Compensation Leave.
FD1206 ADA Medical Certificate Clarification Request - Good Faith Meeting Letter - WC	Use this letter when the ADA Essential Function Job Analysis - Health Care Provider Analysis Form (ADA Medical Certificate) is not specific regarding the accommodation required. It also, once again, formally notifies the employee that ADA leave is completely separate from her/his Workers' Compensation Leave.
FD1207 ADA Medical Certificate Clarification Second Request - Good Faith Meeting Letter - WC	Use this letter when the employee has not responded to the original clarification request. It also, once again, formally notifies the employee that ADA leave is completely separate from her/his Workers' Compensation claim or leave.
FD1211 ADA Undue Hardship Inactive Status Workers Compensation Leave	Use this letter when it is determined that it is an undue hardship to continue or provide an ADA accommodation, and the employee is designated as eligible for inactive status pending closure of the Workers' Compensation claim. It also, once again, formally notifies the employee that ADA leave is completely separate from her/his Workers' Compensation Leave. NOTE: if you do not have a "Formal" Inactive Status Policy, be sure this letter complies with your Standard Operating Procedure. An Inactive Status policy refers to maintaining an employees employment with the company, with no benefits or compensation, in this case pending maximum medical improvement of the employees Workers' Compensation injury.
FD1212 Workers Compensation Inactive Status Designation Letter - Request for Medical Certificate	Use when the accommodation requested has been determined to be an undue hardship, the employee is on leave (inactive status) due to an open Workers' Compensation claim, however they have not provided an updated medical certificate. NOTE: If you do not have an Inactive Status Policy this letter is NOT for you.
FD1213 Workers Compensation Not Complying with Medical Certificate Requests - Out of Compliance	Use when the employee has not responded to the original request for the updated medical certificate. It also, once again, formally notifies the employee that ADA leave is completely separate from her/his Workers' Compensation Leave.
SEE ADA FORMS	
SEE GENERIC TO ALL LEAVES	
ADA - FMLA	
SEE FMLA - ADA	
ADA - FMLA - WC	
SEE FMLA - ADA - WC	

Family Medical Leave Act (FMLA)

FMLA Forms	
Form Name	Description
FD2001 FMLA - ADA Curing Second - Third Medical Opinion Justification Form	To document what is inconsistent with the medical certificate and the employee's usage and or accommodation on the job site. This could also be because you noticed that the issue is for migraines and the doctor happens to be a veterinarian (Yes, we have had this happen!).
FD2002 FMLA Medical Certification	Use this form for the medical certification for FMLA leaves.
FD2003 FMLA - ADA Background Data	To assist you in completing the FMLA and/or ADA Curing letters using the restrictions listed on the FMLA or ADA Essential Function Job Analysis - Health Care Provider Analysis Form Medical Certificate.
FD2004 Changing FMLA Annual Roll Back to Roll Forward	Example of how to change your calculation period, example used is Roll Back to Roll Forward. Can be applied to any change in the method calculation
FMLA Primary Package	
Form Name	Description
FD2101 FMLA Eligibility - Conditional Designation Letter	Use to notify of eligibility and conditionally grant FMLA leave when an employee has been absent for 3 or more days, or has informed you of the need for FMLA leave due to a qualifying event, but has not provided enough information on a medical certificate confirming the need for leave is a qualifying FMLA event.
FD2101A FMLA Conditional Designation Letter for Family Member	Use to conditionally grant FMLA leave when an employee is out for a family member's serious health condition.
FD2102 FMLA Conditional Designation Letter Second Request	Use to provide the employee a second opportunity to provide information confirming the need for a qualifying FMLA leave. This letter will continue the conditional FMLA designation if the employee did not respond to the first request for medical certification for a short period of time
FD2103 FMLA Designation Letter	Use to designate leave for employee, or employee's family member, as FMLA after receiving medical certification indicating the need for leave qualifies as FMLA.
FD2104 FMLA Conditional Designation Retroactive Request Letter	Use to retroactively designate FMLA, after employee has requested retroactive designation, possible for preventing the negative impact of an attendance policy
FD2105 FMLA Medical Certificate Curing Request Letter or Seek Second Opinion General	Use to "cure" a medical certificate that needs further clarification, contains discrepancies, or the employee is not using leave as indicated. Note: for family members under FMLA you must obtain a medical release for a second/third opinion
FD2106 FMLA Exceeding Medical Certificate - Advise to Cure or Seek Second Opinion	Use to cure a medical certificate when the employee is taking more leave than prescribed by the Health Care Provider. Note: for family members under FMLA you must obtain a medical release for a second/third opinion, you should not obtain second/third opinions for FMLA family member leave.
FD2107 FMLA Medical Certificate Curing Extension Letter	Use to give a 7 days extension after initial curing request if employee has informed you they need additional time to cure.
FD2108 FMLA Exceeding Medical Certificate - Advise to Cure or Seek Second Opinion - Medical Certificate Did Not Cure	Use to cure a medical certificate received after sending a curing letter and the medical certificate still does not cure the issue. Note: for family members under FMLA you must obtain a medical release for a second/ third opinion.
FD2109 FMLA Second Opinion Clarification Regarding Medical Certificate	Use to notify the employee that there is clarification needed regarding the medical certification as it related her or his serious health condition and you are requiring a second opinion. Note: for family members under FMLA you must obtain a medical release for a second/third opinion.
FD2110 FMLA Exceeding Medical Certificate - Notice for Second Opinion	Use to notify the employee that there are concerns regarding the medical certification as it related her or his serious health condition and you are requiring a second opinion. This notice is to notify the employee the use of FMLA leave is greater than her or his eligibility amount . Note: for family members under FMLA you must obtain a medical release for a second/ third opinion.

FD2111 FMLA Third Opinion Clarification Regarding Medical Certificate - Conflicting 1st and 2nd Opinion	Use to notify the employee that you will be requesting a third and FINAL opinion because the first and second medical certificates are conflicting. Special note: this opinion is final and binding. For family members under FMLA you must obtain a medical release for a second/third opinion.
FD2112 FMLA Employee Request for Third Opinion	Use this to confirm you have received the employee's request for a third opinion. Special note: this opinion is final and binding.
FD2113 FMLA Third Opinion - Exceeding Medical Certificate - Conflicting 1st and 2nd Opinion	Use to notify the employee that you will be requesting a third and FINAL opinion exceeding the medical certificate, because the first and second medical certificates are conflicting. - Special note: this opinion is final and binding. For family members under FMLA you must obtain a medical release for a second/third opinion.
FD2114 FMLA Denial Notification - Not Eligible Letter	Use to inform employee they are not eligible for FMLA and deny the FMLA leave request.
FD2115 FMLA Denial - Not Complying with Medical Certificate Requests	Use to deny FMLA when employee is not providing medical certificate confirming need of leave.
SEE GENERIC TO ALL LEAVES	
SEE FMLA FORMS	
FMLA - WC	
Form Name	Description
FD2201 FMLA Eligibility - Conditional Designation Letter - WC	Use to notify of eligibility and conditionally grant FMLA leave when an employee has been absent for 3 or more days, or has informed you of the need for FMLA leave but has not provided enough information on a medical certificate confirming the need for leave is a qualifying FMLA event. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2202 FMLA Conditional Designation Letter Second Request - WC	Use to conditionally grant FMLA and the employee did not respond to the first request for medical certification. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2203 FMLA Designation Letter - WC	Use to designate leave as FMLA after receiving medical certification indicating the need for leave qualifies as FMLA. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2204 FMLA Conditional Designation Retroactive Request Letter - WC	Use to retroactively designate FMLA, after employee's request for such. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2205 FMLA Medical Certificate Curing Request Letter or Seek Second Opinion - General - WC	Use to cure a medical certificate that needs further clarification, contains discrepancies, or the employee is not using leave as indicated. Note: for family members under FMLA you must obtain a medical release for a second/third opinion. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2206 FMLA Exceeding Medical Certificate - Advise to Cure or Seek Second Opinion - WC	Use to cure a medical certificate when the employee is taking more leave than prescribed by the Health Care Provider. Note: for family members under FMLA you must obtain a medical release for a second/third opinion. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2207 FMLA Medical Certificate Curing Extension Letter - WC	Use to give a 7 days extension after initial curing request. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2208 FMLA Exceeding Medical Certificate - Advise to Cure or Seek Second Opinion - Medical Certificate Did Not Cure - WC	Use to cure a medical certificate received after sending a curing letter and the medical certificate still does not cure the issue. Note: for family members under FMLA you must obtain a medical release for a second/third opinion. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.

FD2209 FMLA Second Opinion Clarification Regarding Medical Certificate - WC	Use to notify the employee that there are concerns regarding the medical certification as it related her or his serious health condition and you are requiring a second opinion. Note: for family members under FMLA you must obtain a medical release for a second/third opinion. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2210 FMLA Exceeding Medical Certificate - Notice for Second Opinion - WC	Use to notify the employee that there are concerns regarding the medical certification as it related her or his serious health condition and you are requiring a second opinion. This notice is to notify the employee the use of FMLA leave is greater than her or his eligibility amount . Note: for family members under FMLA you must obtain a medical release for a second/ third opinion. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2211 FMLA Third Opinion Clarification Regarding Medical Certificate - Conflicting 1st and 2nd Opinion - WC	Use to notify the employee that you will be requesting a third and FINAL opinion because the first and second medical certificates are conflicting. Special note: This opinion is final and binding. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2212 FMLA Employee Request for Third Opinion - WC	Use this to confirm you have received the employee's request for a third opinion. Special note: this opinion is final and binding. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2213 FMLA Third Opinion - Exceeding Medical Certificate - Conflicting 1st and 2nd Opinion - WC	Use to notify the employee that you will be requesting a third and FINAL opinion because the first and second medical certificates are conflicting. Special note: This opinion is final and binding. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2214 FMLA Denial Notification - Not Eligible Letter - WC	Use to deny FMLA leave request. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
FD2215 FMLA Denial - Not Complying with Medical Certificate Requests - WC	Use to deny FMLA when employee is not providing medical certificate confirming need for leave. This letter also notifies the employee that Workers' Compensation and FMLA leaves are completely separate from each other.
SEE GENERIC TO ALL LEAVES	
SEE FMLA FORMS	
FMLA - ADA	
Form Name	Description
FD2301 FMLA Partial Designation Letter - Conditional Designation Transition to ADA	Use to notify the employee that the leave requested is partially designated as FMLA, and once the FMLA benefit expire, you are conditionally designating the REST of the time off they needs as protected as an potential accommodation under the ADA. However they must provide medical documentation under the ADA medical certificated for you to determine if the leave or someone accommodation will not be an undue hardship AND if they are a qualified individual with a disability.
FD2302 FMLA Exhausted - Conditional Designation Transition to ADA	Use to conditionally designate leave as ADA when FMLA has been exhausted.
FD2303 FMLA Denial - Not Complying with Medical Certificate Requests - ADA Conditional Designation	Use to deny FMLA when the employee is not complying with the multiply requests for medical certification confirming the need for FMLA leave. You then conditionally designate as ADA to assist the employee in obtaining leave or accommodation under the ADA if they provide medical certificate confirming they are a qualified individual with a disability and it is not an undue hardship to accommodate.

FD2304 FMLA Denial Notification - Not Eligible - ADA Conditional Designation	Use to deny FMLA when the employee is not eligible for FMLA leave. You then conditionally designate as ADA to assist the employee in obtaining leave or accommodation under the ADA if they provide medical certificate confirming they are a qualified individual with a disability and it is not an undue hardship to accommodate.
SEE GENERIC TO ALL LEAVES	
SEE FMLA CFRA FORMS	
SEE ADA FORMS	
FMLA - ADA - WC	
Form Name	Description
FD2401 FMLA Partial Designation Letter - Conditional Designation Transition to ADA - WC	Use to notify the employee that the leave requested is partially designated as FMLA, and once the FMLA benefit expire, you are conditionally designating the REST of the time off they needs as protected as an potential accommodation under the ADA. However they must provide medical documentation under the ADA medical certificated for you to determine if the leave or someone accommodation will not be an undue hardship AND if they are a qualified individual with a disability. This letter also notifies the employee that Workers' Compensation and FMLA and ADA leaves or accommodations are completely separate from each other.
FD2402 FMLA Exhausted - Conditional Designation Transition to ADA - WC	Use this letter to conditionally designate leave as ADA when FMLA has been exhausted. This letter also notifies the employee that Workers' Compensation and FMLA and ADA leaves or accommodations are completely separate from each other.
FD2403 FMLA Denial - Not Complying with Medical Certificate Requests ADA Conditional Designation - WC	Use to deny FMLA when the employee is no complying with the multiply requests for medical certification confirming the need for FMLA leave. You then conditionally designate as ADA to assist the employee in obtaining leave or accommodation under the ADA if they provide medical certificate confirming the are a Qualified Individual with a Disability and it is not an undue hardship to accommodate. This letter also notifies the employee that Workers' Compensation and FMLA and ADA leaves or accommodations are completely separate from each other.
FD2404 FMLA Denial Notification - Not Eligible - ADA Conditional Designation - WC	Use to deny FMLA when the employee is not eligible for FMLA leave. You then conditionally designate as ADA to assist the employee in obtaining leave or accommodation under the ADA if they provide medical certificate confirming they are a qualified individual with a disability and it is not an undue hardship to accommodate. This letter also notifies the employee that Workers' Compensation and FMLA and ADA leaves or accommodations are completely separate from each other.
SEE GENERIC TO ALL LEAVES	
SEE FMLA FORMS	