Purpose: Use this letter when the FEHA/ADA Essential Function Job Analysis - Health Care Provider Analysis Form (FEHA/ADA Medical Certificate) received from the employee is not specific enough regarding the accommodation required.

After you have downloaded the form from our webpage, save it to your computer.

We recommend grouping the letters/forms by leave type, and then have separate folders for the letters and forms. You may want to organize it like our Table of Contents so you can easily cross-reference our list with your folders to easily determine what letters you have or do not have.

Once the document is saved, open it so you can create your company template by updating all the blue highlights within the document.

The yellow highlights are employee specific details and will be changed with individual situations.

To update the blue highlights, begin by executing a “Find and Replace” for the word “Company.” Replace “Company” with your organization’s business name.

* On the bottom of page 1, replace the blue highlight with the names and titles of those who will typically attend good faith meetings. *We suggest that one particular employee is present at all good faith meetings to ensure consistency and avoid potential misunderstandings in the future.*
* Enter your name, title and phone number.

**You have successfully completed your template! Save it to be used when customizing the yellow highlights.**

* The first few yellow highlights include the current date and the name and address of the employee. Date the letter the day it will be mailed to the employee.
* Enter the date you received the FEHA/ADA Medical Certificate from the health care provider, which may not be the same as the actual date of the document. Be sure to indicate somewhere on the document, preferably with a “received” stamp or initials next to the date, the actual date it was received.
* List all the restrictions and/or time off request verbatim as it is stated on the FEHA/ADA Medical Certificate.
* The next step is to request clarification of restrictions listed on the FEHA/ADA Medical Certificate. Read through the bulleted list of restrictions and delete those that are not applicable to the current situation. You can also add items if the clarification you need is not included on the list.
* Next input the employee’s job title.
* Enter the date (which should be 7 days from the date of the letter), time, address and contact information for the Good Faith Interactive Meeting. It is OK to schedule the meeting and require the employee to contact you to reschedule if the date/time does not work for her or him. However, it is important to have the meeting as soon as possible because you are providing the temporary accommodation(s) until the meeting occurs.
* Enter the Good Faith Meeting date again.

Under the enclosures section:

1. Enter the date of the enclosed medical certificate. List each separately if there is more than one.
2. Include the most current Job Description. Ensure the employee’s title matches that of the Job Description. Be sure to include the Job Description so the health care provider can use it when completing the FEHA/ADA Medical Certificate. You do not want the employee to tell the health care provider what the job entails.
3. Include a blank Authorization for Release of Medical Information (GE1004) if you do not have one on file. These are always nice to have, however it is not required to obtain information that allows to understand if the employee is a Qualified Individual with a Disability and to determine if an accommodation is required to perform the functions of the job. It is not appropriate to inquire into the medical history of the employee. Stay focused on what functions of the job they can perform with or without accommodation. This completed form allows you to engage in conversations with the medical provider if you need obtain additional information to determine if you can provide accommodation(s) without causing your organization undue hardship and the employee has been unsuccessful in providing it to you. However we always suggest you do so with the employee present.

Once the letter has been completed, we recommend reading through it or having someone else proofread it to be sure that it makes sense and sections weren’t missed. We also recommend sending the letter via regular and certified or return receipt mail so that there isn’t any question that the employee has received the letter. Maintain a copy of the letter sent in the employee medical file, and if you are utilizing our Medical Leave Management (MLM) timeline (GE1007), update the timeline with the title of the letter and the date sent along with any other important dates such as a medical certificate expiration date, due dates, benefit expiration, etc.

Be sure to track and document ALL conversations with the employee as well as documents sent and received on the MLM timeline.