

**Product #5: Complete ADA Package Including PDL and Workers' Compensation  
with CFRA/FMLA to FEHA (CA ADA)/ADA Transition Documents**

**Generic To All Leaves**

| Form Name  | Description  |
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| 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 <b>ALL</b> 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 Forms**

| Form Name   | Description  |
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| 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.  |
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| 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.   |
| <b>ADA Primary Package</b>  |   |
| <b>Form Name</b>  | <b>Description</b>  |
| 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                                     | Use this letter to confirm with the employee that they have been cleared of all restrictions and are expected to complete the essential functions without accommodation.  |
| <b>SEE ADA FORMS</b>  |   |
| <b>ADA - Workers' Compensation (WC)</b>   |   |
| <b>Form Name</b>  | <b>Description</b>  |
| 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.   |

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| 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.   |
| <b>SEE ADA FORMS</b>   |  |
| <b>SEE GENERIC TO ALL LEAVES</b>   |  |
| <b>ADA - FMLA - CFRA</b>   |  |
| <b>SEE FMLA - CFRA - ADA</b>   |  |

| <b>ADA - FMLA - CFRA - WC</b>  |  |
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| <b>SEE FMLA - CFRA - ADA - WC</b>  |  |
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| <b>Family Medical Leave Act (FMLA)</b>   |  |
| <b>California Family Rights Act (CFRA)</b>   |  |
| <b>FMLA - CFRA Forms</b>   |  |
| <b>Form Name</b>   | <b>Description</b>   |
| CA2002 FMLA - CFRA Medical Certification   | Use this form for the medical certification for FMLA/CFRA leaves.  |
| <b>FMLA - CFRA Primary Package</b>   |  |
| <b>Form Name</b>   | <b>Description</b>   |
| <b>SEE GENERIC TO ALL LEAVES</b>   |  |
| <b>SEE FMLA CFRA FORMS</b>   |  |
| <b>FMLA - CFRA - WC</b>  |  |
| <b>Form Name</b>   | <b>Description</b>   |
| <b>SEE GENERIC TO ALL LEAVES</b>   |  |
| <b>SEE FMLA CFRA FORMS</b>   |  |
| <b>FMLA - CFRA to ADA - FEHA</b>   |  |
| <b>Form Name</b>   | <b>Description</b>   |
| CA2301 FMLA - CFRA Partial Designation Letter - Conditional Designation Transition to ADA - FEHA                 | Use to notify the employee that the leave requested is partially designated as FMLA/CFRA, and once the FMLA/CFRA 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. |
| CA2302 FMLA - CFRA Exhausted - Conditional Designation Transition to ADA - FEHA                                  | Use to conditionally designate leave as ADA when FMLA/CFRA has been exhausted.   |
| CA2303 FMLA - CFRA Denial - Not Complying with Medical Certificate Requests - ADA - FEHA Conditional Designation | Use to deny FMLA/CFRA when the employee is not complying with the multiply requests for medical certification confirming the need for FMLA/CFRA 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.   |
| CA2304 FMLA - CFRA Denial - Not Eligible ADA - FEHA Conditional Designation                                      | Use to deny FMLA/CFRA when the employee is not eligible for FMLA/CFRA 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.   |
| <b>SEE GENERIC TO ALL LEAVES</b>   |  |
| <b>SEE FMLA CFRA FORMS</b>   |  |
| <b>SEE ADA FORMS</b>   |  |
| <b>FMLA - CFRA to ADA - FEHA - WC</b>  |  |

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| CA2401 FMLA - CFRA Partial Designation Letter - Conditional Designation Transition to ADA - FEHA - WC   | Use to notify the employee that the leave requested is partially designated as FMLA/CFRA, and once the FMLA/CFRA 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/CFRA and ADA leaves or accommodations are completely separate from each other. |
| CA2402 FMLA - CFRA Exhausted - Conditional Designation Transition to ADA - FEHA - WC  | Use this letter to conditionally designate leave as ADA when FMLA/CFRA has been exhausted. This letter also notifies the employee that Workers' Compensation and FMLA/CFRA and ADA leaves or accommodations are completely separate from each other.   |
| CA2403 FMLA - CFRA Denial - Not Complying with Medical Certificate Requests ADA - FEHA Conditional Designation - WC   | Use to deny FMLA/CFRA when the employee is no complying with the multiply requests for medical certification confirming the need for FMLA/CFRA 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/CFRA and ADA leaves or accommodations are completely separate from each other.   |
| CA2404 FMLA - CFRA Denial Notification - Not Eligible - ADA - FEHA Conditional Designation - WC   | Use to deny FMLA/CFRA when the employee is not eligible for FMLA/CFRA 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/CFRA and ADA leaves or accommodations are completely separate from each other.   |
| <b>SEE GENERIC TO ALL LEAVES</b>  |  |
| <b>SEE FMLA CFRA FORMS</b>  |  |
| <b>FMLA - CFRA Baby Bonding</b>   |  |
| <b>SEE PDL - FMLA - CFRA</b>  |  |
| <b>FMLA - CFRA - PDL</b>  |  |
| <b>SEE PDL - FMLA - CFRA</b>  |  |
| <b>FMLA - CFRA - PDL with ADA - FEHA</b>  |  |
| <b>SEE PDL - FMLA to CFRA - ADA - FEHA</b>  |  |
| <b>FMLA - CFRA - Baby Bonding - FEHA</b>  |  |
| Note: if an employee currently in Baby Bonding requires an accommodation for a non-pregnancy-related disability or a pregnancy-related disability, but has exhausted their FMLA/PDL, the employee may be eligible for an accommodation under ADA/FEHA |  |
| <b>SEE PDL - FMLA to CFRA - ADA - FEHA</b>  |  |
| <b>Pregnancy Disability Leave (PDL)</b>   |  |
| <b>PDL Forms</b>  |  |
| <b>Form Name</b>  | <b>Description</b>   |
| CA3001 PDL or PDL - FMLA Medical Certification Form   | Use this form for the Health Care Provider to confirm an employee's need for Pregnancy Disability Leave and/or Family Medical Leave. Pregnancy Disability Leave and FMLA run concurrently. NOTE: CFRA does not run concurrently to PDL.  |
| <b>PDL Primary Package</b>  |  |
| <b>Form Name</b>  | <b>Description</b>   |
| CA3101 PDL Notification of Potential Eligibility  | Use when employee has notified you that she is pregnant but has not provided medical certification.  |

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| CA3102 PDL Designation Letter   | Use to designate time off as Pregnancy Disability Leave.  |
| CA3103 PDL Accommodation - Temporary Transfer Approval Letter                       | Use to confirm that the employee's request for an accommodation or temporary transfer has been approved.                  |
| <b>SEE GENERIC TO ALL LEAVES</b>  |   |
| <b>SEE PDL FORMS</b>  |   |
| <b>PDL - FMLA - CFRA</b>  |   |
| <b>Form Name</b>  | <b>Description</b>  |
| <b>SEE GENERIC TO ALL LEAVES</b>  |   |
| <b>SEE FMLA CFRA FORMS</b>  |   |
| <b>SEE PDL FORMS</b>  |   |
| <b>PDL - ADA - FEHA</b>   |   |
| CA3301 PDL Exhausted - Conditional Designation Transition to ADA - FEHA             | Use when PDL has been exhausted and the employee is covered under the ADA (FEHA) to conditionally designate.              |
| <b>SEE GENERIC TO ALL LEAVES</b>  |   |
| <b>SEE PDL FORMS</b>  |   |
| <b>SEE ADA FORMS</b>  |   |
| <b>PDL - FMLA - CFRA - ADA FEHA</b>   |   |
| CA3401 PDL - FMLA - CFRA Exhausted Conditional Designation Transition to ADA - FEHA | Use when PDL/FMLA leaves have been exhausted and the employee is covered under the ADA (FEHA) to conditionally designate. |
| <b>SEE GENERIC TO ALL LEAVES</b>  |   |
| <b>SEE PDL FORMS</b>  |   |
| <b>SEE ADA FORMS</b>  |   |













