**CFRA – FEHA/ADA Background Data (CAA2003)**

**Employee: NAME** **Job Title: TITLE**

**Department/Supervisor:** NAME AND TITLE

**BACKGROUND DATA Leave Type: FEHA/ADA CFRA**

|  |  |  |
| --- | --- | --- |
| **Clarification Questions** | **Yes** | **No** |
| 1. Does the initial medical certificate establish the employee’s entitlement to CFRA/FEHA/ADA leave? |  |  |
| 1. Is there a question regarding the validity of the document? |  |  |
| 1. Is there a question regarding the health care provider’s specialization and/or education as it relates to the medical condition? |  |  |
| 1. Is the health care provider providing the certification an expert in the relevant field? |  |  |
| 1. Is the leave the employee is asking for disproportionate to the condition? |  |  |
| 1. Is there a question regarding the validity of the employees use of leave? |  |  |
| 1. Is the employee’s leave usage consistent with their medical certificate? |  |  |
| 1. OTHER Be Specific |  |  |

**Medical Certificates:**

**LIST RESTRICTIONS FROM MEDICAL CERTIFICATE HERE**

**ACTUAL USAGE (from DATE medical certificate):**

| **Date range of usage** | **Total # of days** | **Analysis of existing medical certification** |
| --- | --- | --- |
|  |  |  |

**LIST RESTRICTIONS FROM MEDICAL CERTIFICATE HERE [DUPLICATE SECTIONS IF MORE MEDICAL CERTIFICATES OR DELETE EXTRAS]**

**ACTUAL USAGE (from DATE medical certificate):**

| **Date range of usage** | **Total # of days** | **Analysis of existing medical certification** |
| --- | --- | --- |
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