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CFRA Exceeding Medical Certificate - Curing Request Letter or Seek Second
Opinion - WC- Training Narrative (CAA2206)

Purpose: Use to cure a medical certificate when the employee is taking more leave than prescribed by the Health Care Provider. This letter also notifies the employee that Workers' Compensation and CFRA leaves are completely separate from each other.

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

We suggest 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 page two (2) you will input your name and title.

You have successfully completed your template! Save it so it can 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 Medical Certificate(s) from the employee, 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 Medical Certificate.



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- Enter the date range used to analyze the employee's usage (EX. June 1, 2013 through September 30, 2013). Next enter the amount that the employee is exceeding the usage by (1 day per month, 3 days per month, 1 day per week, etc).
- List the date of the medical certificates list above.
- Enter the due date for the clarification – seven (7) days from the date of the letter.
- Enter specifically what is not clear to you on the medical certificate, sections that are blank or questions that need to be clarified regarding what functions the employee can or cannot perform.
- Next enter the employee's job title.

Indicate whether the leave is ongoing, intermittent or reduced work schedule. Delete those that are not applicable.

Under the enclosures section:

1. California Family Rights Act (CFRA) Medical Certification form (CAA2002 CFRA Medical Certification). 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 Essential Function Job Analysis – Health Care Provider Evaluation Form (FDC1001) . You do not want the employee to tell the health care provider what the job entails.

Once the letter has been completed, we suggest reading through it or having someone else proofread it to be sure that it makes sense and sections weren't missed. We also suggest 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 (GEC1007), update the



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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.

It's important to document ALL conversations with the employee as well as maintaining a record of all documents sent to and received from the employee on the MLM timeline.