**CFRA Exceeding Medical Certificate - Curing Request Letter or Seek Second Opinion** **with Workers’ Compensation (CAA2206)**

Send Certified And Regular Mail

Certification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

NAME

ADDRESS

Dear NAME:

We have received your CFRA Medical Certificate indicating your continued need for leave under the California Family Rights Act (CFRA). This issue is unrelated to any of your rights or benefits under the Workers’ Compensation regulations.

Per the health care provider’s note received on DATE, dated DATE:

* LIST RELEVANT INFORMATION/ LIST MEDICAL CERTIFICATE LEAVE GUIDELINES

As of DATE RANGE, your usage has been:

* [LIST DAYS, HOURS, ETC. USED]

This number exceeds your allowable leave by [AMOUNT].

It is your responsibility to have your health care provider specifically address the questions listed below by completing the clarification section located under question number 9, section C. This should also include specific comments regarding your previous use of leave that exceeded your medical certificate(s) criteria dated, [DATE OF MED CERT(S)] and your expected current use.

**Please provide the updated information no later than DATE [SEVEN (7) CALENDAR DAYS FROM THE DATE OF THIS LETTER]** If you are unable to meet this deadline, we require notification regarding the barriers to obtaining information before the aforementioned due date.

**COMPANY, requests your CFRA health care provider clarify the following attached medical certificate(s):**

* LIST AREAS OF MEDICAL CERTIFICATION THAT ARE NOT CLEAR
* LIST AREAS OF MEDICAL CERTIFICATION THAT ARE BLANK BUT NEED CLARIFICATION
* LIST DETAILED QUESTIONS YOU WOULD LIKE CLARIFIED, RELATED TO JOB, NOT MEDICAL RELATED QUESTIONS

We have enclosed the medical certificate you have recently submitted and a current job description for the position of [NAME OF POSITION]. Review the clarification request above with your health care provider and discuss the job description. It is important that the health care provider specifically address the clarification issue(s) indicated above to assure that COMPANY has sufficient documentation to confirm your need for ongoing leave, intermittent, or reduced-work schedule leave [VERIFY AND USE AS APPLICABLE].

An employee returning from a Workers’ Compensation leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if the employee on Workers’ Compensation leave would have been laid off had he or she not gone on leave, or if the employee’s position has been eliminated or filled in order to avoid undermining COMPANY’s ability to operate safely and efficiently during the leave, and no equivalent or comparable positions are available, then the employee would not be entitled to reinstatement.

**Please remember you are solely responsible for providing on-going medical certificates indicating your need for a medical leave of absence until such time your Workers’ Compensation claim has closed.** Your current medical certificate expires on DATE.

Failure to provide the required enclosed medical certification clarifying the need for leave may result in denial of CFRA protected leave and may subject you to disciplinary action for excessive absences, up to and including termination.

Additionally, failure to provide the clarification required confirming your usage may result in COMPANY seeking the opinion of a second health care provider. COMPANY is responsible for the cost of the visit and any fees associated with filling out the medical certificate. Although COMPANY is not responsible for time for travel or time spent at the appointment, we will reimburse you for reasonable out of pocket expenses upon your submission of appropriate receipts.

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If you have any questions about the conditional CFRA or other benefits, please contact:

Name: NAME/TITLE

Phone: TELEPHONE #

Enclosures:

1. Family Medical Leave Rights pamphlet
2. California Family Rights Act (CFRA) Medical Certification form DATE [LIST ALL IF MULTIPLE]
3. California Family Rights Act (CFRA) Medical Certification form [Blank]
4. Job Description [Title of Job Description]
5. Authorization for Release of Medical Information [IF NOT ALREADY OBTAINED]