



**LEAVE MANAGEMENT SOLUTIONS**  
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CFRA Denial - Not Complying with Medical Certificate Requests - ADA - FEHA  
Conditional Designation - Training Narrative (CAA2303)

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Purpose: Use to deny CFRA when the employee is not complying with the multiply requests for medical certification confirming the need for CFRA leave. You then conditionally designate as FEHA/ADA to assist the employee in obtaining leave or accommodation under the FEHA/ADA if they provide medical certificate confirming they are a qualified individual with a disability and it is not an undue hardship to accommodate.

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.
- Use your policy manual to determine the option for either must or may use PTO/Sick and/or Vacation. If your policy manual does not specify this you must err on the side of the employee and give them the option to use PTO/Sick/Vacation and not require it. *We suggest that you update your policies to require them to use the PTO/Sick/Vacation if your policy manual does not specify. (Contact us today to discuss how to make this change and properly notify your employees!)*
- Choose the benefits available – PTO or sick and/or vacation. Go through the whole document and update all sections that refer to this.
- On page 2, replace the blue highlight with the names and titles of those who will typically attend good faith interactive meetings. *We suggest that one particular employee is present at all good faith meetings to ensure consistency*



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*and avoid potential misunderstandings in the future. NOTE: This should not be the immediate supervisor as the FEHA/ADA is on a Need-To-Know basis only.*

- Finally, input your name, title and contact telephone number.

**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.
- The first DATE is the date the employee first notified you of the need for leave. If the employee has been out sick for 3 consecutive days and you are therefore conditionally designating, use the first day that she or he was out sick as the day of notification.
- Next enter the date of the letter. Then enter the date listed in the second request letter that the medical certificate was due to you. You will enter the date the letter was sent in the next paragraph.
- Enter the amount of PTO/Sick/Vacation hours the employee has available. If the employee has none, check the appropriate box.
- Next document when the employee's healthcare benefits will end – under the FEHA/ADA employers are not required to maintain medical benefits while the employee is out on leave. If the employee is on a reduced-work schedule or otherwise will be working – include instructions on how many hours are required to maintain eligibility, etc.
- List all leave and/or disability benefits offered by your state or company, which the employee may be eligible to receive.
- Enter the date that the Good Faith Meeting Date.

Next input the date, time, address and point of contact information for the Good Faith Meeting. It is OK to schedule the meeting and require the



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employee to contact you in order to reschedule if the date/time do not work for them.

- Enter the Good Faith Meeting date again.
- Enter the date that the medical certificate expires again because the employee will need to turn in a Return to Work certification if you require one or another medical certificate indicating their need for more time off. If the employee has a “lifetime” disability, delete the “on or before DATE” part of the sentence and the instructions.
- Under the enclosures section:
  - State Disability/Paid Family Leave pamphlet
  - FEHA/ADA – Essential Function Job Analysis - Health Care Provider Evaluation Form (FD1001)
  - 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.
  - 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 suggest reading through it or having someone else proofread it to be sure that it makes sense and sections weren’t



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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 (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.

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.