



LEAVE MANAGEMENT SOLUTIONS
www.LeaveManagementSolutions.com

CFRA Exhausted - Conditional Designation Transition to ADA/FEHA - WC - Training
Narrative (CAA2402)

Purpose: Use to conditionally designate leave as FEHA/ADA when CFRA has been exhausted. This letter also notifies the employee that Workers' Compensation and CFRA and FEHA/ADA leaves or accommodations 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.
- 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!)
- Next, you will choose the benefits available – PTO/Vacation/Sick leave.
- 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 and avoid potential misunderstandings in the future.*



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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's CFRA leave began. Next, enter the date of the new medical certificate that indicated the need for leave beyond what will be covered by the CFRA regulations and then enter the anticipated return to work date.
- Next put the date that their CFRA leave will exhaust or has exhaust. Update the section "will exhaust/have exhausted" to reflect whether they will exhaust in the future or they have already exhausted their leave.
- The set of yellow highlights is the fourth paragraph addresses how many weeks of CFRA is available to the employee.
- Input how many weeks the employee has available. This would be 12 weeks if they have not used any of their current CFRA benefit. If they have used it, be sure to subtract out what has been used and input only the time left available to the employee.
- Enter the dollar amount and the due date of the employee's share of cost of benefits if there.
- List all leave and/or disability benefits offered by your state or company, which the employee may be eligible to receive.
- Next you will determine 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.
- Enter the date of the Good Faith Meeting.



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- List any and all other people attending the Good Faith Meeting other than the facilitator. Note – This should only be people who will be impacted by the accommodation. We suggest at least 1 other attendee to avoid he-said, she-said situations later down the road.
- 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 employee to contact you in order to reschedule if the date/time do not work for them.
- Under the enclosures section:
 - California Family Rights pamphlet
 - California Family Rights Act (CFRA) Medical Certification form
 - 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.
 - State Disability/Paid Family Leave pamphlet
 - Certification of Health Care Provider for Employee to Return to Work (GE1003)



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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 (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.