



**LEAVE MANAGEMENT SOLUTIONS**  
**www.LeaveManagementSolutions.com**

PDL Exhausted Conditional Designation Transition to FEHA/ADA - Training  
Narrative (CAA3401)

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Purpose: Use when PDL leaves have been exhausted and the employee is covered under the FEHA/ADA Fair Employment Housing/Americans with Disabilities Act to conditionally designate. They are not interested in using CFRA or are not yet eligible.

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

We recommend 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.**

- Choose the benefits available – PTO or sick and/or vacation. Go through the whole document and update all sections that refer to this.
- Enter the address and fax number the employee can use to return the FEHA/ADA Essential Function Job Analysis - Health Care Provider Form (FDC1001).
- 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.*
- Enter the title for the person the employee should contact to update contact information.
- Input your name, title and telephone number.



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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.
- Enter the date PDL exhausted.
- List all leave and/or disability benefits offered by your state or company, which the employee may be eligible to receive.
- Enter the date of the Good Faith Interactive Meeting (GFM).
- Enter the date, time, address and point of contact information for the Good Faith Interactive 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 her. However, it is important to have the meeting as soon as possible because you are providing temporary accommodations until the meeting occurs.

Under the enclosures section:

1. 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.
2. 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



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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.

3. Certification of Health Care Provider for Employee Return to Work (GE1003)
4. CFRA Medical Certification Form

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