**PDL Exhausted Conditional Designation Transition to ADA/FEHA (CAA3401)**

Send Certified And Regular Mail

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

DATE

NAME  
ADDRESS

Dear NAME:

This letter is to inform you that your current medical leave will/has expire/expired. Your Family Medical Leave Act (FMLA) eligibility was exhausted on DATE, your Pregnancy Disability Leave (PDL) was exhausted on DATE.

COMPANY requires additional documentation be provided to this office to determine your eligibility status as a qualified individual with a disability, as a result of your pregnancy. This may qualify you for leave as an accommodation.

[NOTE HERE IF THERE ARE ADDITIONAL COMPANY SPECIFIC POLICIES THAT CONTINUE TO PROVIDE LEAVE SUCH AS PERSONAL OR EXTENDED MEDICAL LEAVE AND MATERNITY POLICIES]

To allow us to confirm the ability of COMPANY to continue to provide additional leave as an accommodation, please have your health care provider complete the enclosed FEHA/ADA Medical Certification Form and return it to our office on or before DATE OF GFM. Have your health care provider utilize the enclosed job description in completing the evaluation form.

**Please remember, you are solely responsible for providing current and ongoing medical certification confirming the need for leave. Please return the completed, signed Certification form to me at the following address or fax:**

Address: ADDRESS  
Confidential Fax: FAX NUMBER

In compliance with state and federal law, we have scheduled a Good Faith Interactive Meeting with you, NAMES AND TITLES OF THOSE ATTENDING, to discuss potential need for accommodation on:

Date and Time – DATE & TIME

Location – ADDRESS

Contact Phone – NAME & NUMBER

Upon receipt of this letter, it is your responsibility to confirm your appointment time. Remember that if you are absent because of your own illness or injury, you must provide COMPANY with a Certification of Health Care Provider for Employee Return to Work form before you return to work (see enclosed).

Also, please provide your TITLE [SUPERVISOR/HR/ LEAVE ADMINISTRATOR] with a telephone number where you can be reached while on leave. **It is imperative that this contact number be kept current throughout your leave period.**

If you have any questions about PDL, FEHA/ADA, CFRA or other benefits, please contact:

Name: HR/LEAVE ADMINISTRATOR NAME

Phone: PHONE NUMBER

Enclosure: Job Description [Title of Job Description]

FEHA/ADA Essential Function Job Analysis - Health Care Provider Evaluation Form

Certification of Health Care Provider for Employee Return to Work

Authorization for Release of Medical Information