



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

ADA – Accommodation Undue Hardship or not Qualified Individual with a Disability  
(QID) Training Narrative  
(FD1111)

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Purpose: Use this letter when it is determined that it is an undue hardship to continue or provide an ADA accommodation or it has been determined the employee is not a Qualified Individual with a Disability (QID) because they are unable to perform the essential functions of the job with or without accommodation.

NOTE: You must have objective data to support either conclusion using the Good Faith Interactive Meeting Process, including excellent signed notes OR clear objective documentation on the Undue Hardship Analysis form.

Once you have determined the employee is not eligible for an ADA Accommodation, then you end this benefit and implement the appropriate personnel action. It is important to formally end the interactive process before moving to your next personnel action. Additionally, we highly suggest you have a separate meeting to discuss the next personnel action, as it is unrelated the why the ADA status was changed.

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.

- Verify in your company policy what is the longest time period an employee can be on any kind of leave.



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- Choose which benefits your company offers, PTO or sick and/or vacation time. *You can search for PTO/Sick/Vacation and update all areas with your specific benefits.*
- Insert your states disability program name or other disability benefit offered through your company. If your state does not have a disability program and you do not offer any other benefit that pays the employee's wages while they are out on a leave delete this paragraph.
- Delete the next section if your company does not offer medical benefits. Refer to your Benefits Policy if you offer medical benefits to determine when the employee's benefits will end if they have not already ended – such as when FMLA expired.
- Enter your telephone number, name and title.

Under the enclosures section:

1. Disability Insurance Information [SPECIFIC TO YOUR STATE AND/OR COMPANY] DELETE IF NOT APPLICABLE

**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 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 that the accommodation had started and list out specifically what the accommodation(s) were. List any and all of the different date ranges and types of accommodations on record.



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- Enter the date on the ADA Essential Function Job Analysis - Health Care Provider Form (ADA Medical Certificate). List out, verbatim what is stated on all of the ADA Medical Certificates by date.
- Enter the date you completed the ADA Good Faith Meeting Notes (FD1003) and conducted the ADA Undue Hardship Analysis Form (FD1002) and research.
- Enter the date of the medical certificate received that continues their need for leave and the name of the doctor that signed it.
- Enter the date you completed the final ADA Good Faith Interactive Meeting, when it was determined you could not accommodate or the employee are not a QID.
- Enter the date of the most recent Healthcare Provider certificate. The name of the name of the healthcare provider.
- Indicate who was a part of the process to verify if an accommodation is available. If you do not have a HR Consultant working with you, delete this.
- Enter the job title for the employee.
- Enter the date medical benefits will end if the employee is currently enrolled. Delete this bullet if the employee is not enrolled in medical benefits. Employers are not required to maintain medical insurance for employees under the ADA. Include information on how many work hours are required to maintain benefits.
- Enter the date the medical certificate expires.

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 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



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and the date sent along with any other important dates such as a medical certificate expiration date, due dates, benefit expiration, etc.

Be sure to track and document ALL conversations with the employee as well as documents sent and received on the MLM timeline.