



**LEAVE MANAGEMENT SOLUTIONS**  
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FEHA/ADA Accommodation Conditional Designation - Good Faith Meeting Third  
and Final Notice Letter – Training Narrative (FDC1106)

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Purpose: Use this letter when the employee fails to return a completed FEHA/ADA Essential Function Job Analysis - Health Care Provider Evaluation Form (FEHA/ADA Medical Certificate) after the second request has been sent. It should be sent the day after the second request due date. EXAMPLE: If the medical certificate was due on the 15<sup>th</sup>, the 2<sup>nd</sup> due date was the 22<sup>nd</sup>, this letter should be sent on the 23<sup>rd</sup>.

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.

- In the third paragraph, replace the blue highlight with the names and titles of those who will typically attend good faith meetings. *We suggest that one particular employee is present at all good faith meetings to ensure consistency and avoid potential misunderstandings in the future.*
- Input your name, and phone number.
- Update the enclosure for Disability Insurance to reflect the name(s) of the benefit(s) offered.

**You have successfully completed your template! Save it so to use when customizing the yellow highlights.**



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- 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 of the first FEHA/ADA Conditional Designation Letter sent and the date the Second Notice Letter went out.
- Select the appropriate clause in the last sentence of the first paragraph for the situation. Keep both if appropriate.
- Enter the date that the temporary accommodation will end, which should be three days after the date of the letter. Enter the same date again for the medical certificate due date.
- Replace the blue highlight in the third paragraph with the names and titles of those who will typically attend good faith meetings. *HRM suggests that one particular employee is present at all good faith meetings to ensure consistency and avoid potential misunderstandings in the future.*
- 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:

1. Include a blank FEHA/ADA Essential Function Job Analysis - Health Care Provider Form (FDC1001).
2. 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.
3. 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



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