



LEAVE MANAGEMENT SOLUTIONS
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FEHA/ADA Accommodation Conditional Designation - Good Faith Meeting Second
Notice Letter – Training Narrative (FDC1105)

Purpose: Use this letter when there has been no response from the employee after sending the original conditional designation letter.

This letter will be sent after the first due date for the medical certificate has past. It should be sent the day after the due date. EXAMPLE: if the certificate was due on the 15th, this Second Request letter will go out on the 16th.

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.

- On page 2, 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.*
- Select “must use” or “may use” PTO/Sick/Vacation time based on your Leave Policy. If your policy does not specify whether employees “must use” or “may use” leave, the employee is allowed to make the choice. *We suggests updating your policy manual as soon as possible to require the use of PTO/Sick/Vacation at which time your letters can be updated to reflect the change.*
- List all leave and/or disability benefits offered by your state or company, which the employee may be eligible to receive.



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- Delete the fourth bullet if your company does not offer medical benefits. If you offer medical benefits, refer to your Benefits Policy to determine when the employee's benefits will end. If the employee is on a reduced-work schedule or otherwise will be working, include information on the number of hours worked to maintain eligibility. Delete this section if the employee is not eligible for medical benefits.
- Determine if your policy manual requires your employees to provide a Return to Work certification before returning to work. If it does not, remove this bullet:
 - "Employees returning from leave are required to provide COMPANY with a medical release to return to work form (see attached form). [VERIFY POLICY - DELETE IF NOT APPLICABLE]"
- *We suggest updating your Leave Policy as soon as possible to require a Return to Work Certification and then include the requirement in all leave of absence letters.*
- Input your name, and phone number.
- Update the enclosure for Disability Insurance to reflect the name(s) of the benefit(s) offered by your company or state.

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 of prior correspondence and then the start date of the temporary accommodation.
- In the last sentence of the first paragraph, select which clause is appropriate for this situation. Keep as stated if they both apply.
- Enter the employee's job title.



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- Enter 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.
- Enter the Good Faith Meeting date again.
- Next, if the employee has PTO/Sick/Vacation available, check the box and indicate how many hours are available. Check the box corresponding to no PTO/Sick/Vacation time if the employee has exhausted all accrued time off.
- If the employee is eligible for healthcare benefits, indicate the date that they will end. If not, delete the section as a whole.
- Next, indicate whether or not the employee has exhausted all other options available to them. If they have used everything, be sure to list out the options and all the time/benefits that were exhausted.
- Enter the date of the current FEHA/ADA Medical Certificate, if there is one; otherwise delete the last sentence.

Under the enclosures section:

1. Disability Insurance Information [SPECIFIC TO YOUR STATE AND/OR COMPANY]
2. Include a blank FEHA/ADA Essential Function Job Analysis Health Care Provider Form (FDC1001).
3. 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.
4. 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 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.