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FEHA/ADA Accommodation Conditional Designation - Good Faith Meeting
Letter – Training Narrative (FDC1103)

Purpose: Use this letter to acknowledge that an accommodation is needed, request an FEHA/ADA Essential Function Job Analysis - Health Care Provider form (FEHA/ADA Medical Certificate), and schedule a Good Faith Interactive meeting.

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 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.*
- Select “must use” or “may use” PTO/Sick/Vacation time based on your Leave Policy. *NOTE – If your policy does not specify whether employees “must use” or “may use” leave, the employee is allowed to make the choice. We suggest 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.
- 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



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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.

- Determine if your Leave of Absence Policy requires employees to provide a Return to Work certification when released to return to work. If it does not, remove the 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 telephone number.
- Update the enclosure for Disability Insurance to reflect the name(s) of the benefit(s) offered by your state or company.

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.
- In the second paragraph, select the appropriate box and enter the date that either the FEHA/ADA Medical Certificate or the Written/Verbal request was received. This date may or may not be the same as the date on the document, so be sure to indicate somewhere on the letter the actual date it was received [preferably with a “received” stamp or initials with date]
- List the work restrictions exactly as stated in the FEHA/ADA Medical Certificate or as verbally stated by the employee.



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- Then select the appropriate box indicating the intent of the employee (first box is leave as accommodation; second box is a transfer or other accommodation to allow the employee to stay at work, full or part time; third box is no intention to return to work which is very rare).
- Check the box indicating which accommodation the employee is requesting.
- Next input the employee's job title.
- On page 2, list the temporary accommodation(s), being very specific, that it will be allowed until the Good Faith Meeting is held.
- Enter the date, time, address and contact information for the Good Faith Interactive Meeting. It is OK to schedule the meeting and require the employee to contact you to reschedule if the date/time does not work for her or him. However, it is important to have the meeting as soon as possible because you are providing temporary accommodations until the meeting occurs.
- Enter the Good Faith Meeting date again.
- If the employee has PTO/Sick/Vacation available, check the box and enter how many hours are unused. Check the box corresponding to "no PTO/Sick/Vacation time" if the employee has exhausted all accrued time off.
- 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 the employee is on a reduced work schedule or otherwise will be working, include information on how many work hours are required to maintain benefits if the employee is on a reduced work schedule.

Under the enclosures section:

1. CA State Disability Insurance Information
2. Include a blank FEHA/ADA Essential Function Job Analysis Health Care Provider Form (FDC1001).



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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 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 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.

See related forms :

FEHA/ADA Accommodation Undue Hardship Analysis Form (FDC1002)

FEHA/ADA Good Faith Meeting Notes (FDC1003)

FEHA/ADA Employee - Employer Suggested Accommodation Form (FDC1004)

If you are able to accommodate:

FEHA/ADA Accommodation Approval Letter (FDC1102)



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If you are not able to accommodate:

FEHA/ADA Accommodation Ended Return to Work No Restrictions (FDC1113)