

## ADA/FEHA Notice

[Date]

[Employee Name]

[Address]

[City, State, Zip Code]

### **RE: Disability Interactive Process**

Dear [Employee Name],

[Company name] requests your assistance to determine if you are in need of reasonable accommodations to perform the essential functions of your position safely and fully. We would like to clarify your request for accommodation so that additional interactive process activities can continue for your support. This request is being made as part of a good faith interactive process that [Company name] has begun with you to ensure that all reasonable accommodation options are explored to best support you in accordance with Title I of the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA).

Under the ADA and FEHA, [company name] is essentially required by law to do the following:

1. Provide reasonable accommodation for employees or applicants who, because of their disability, are limited in or unable to perform one or more of the essential functions of their job.
2. Engage in a timely good faith interactive process with employees/applicants in need of reasonable accommodation.

Please schedule an appointment with your physician and request that they review the essential functions/job analysis/job description for your position of [position title] and complete the attached medical questionnaire form. Please submit this completed form to my attention no later than 4:00 p.m. on [date]. Please ensure that no information pertaining to any medical condition or treatment plan is shared with [company name]. We only want to determine if you have a serious medical condition and, if so, what work restrictions are in need of accommodation to support you in safely and completely performing the essential functions of your position.

Once the medical questionnaire form is received, it will be reviewed to determine what, if any, additional interactive process activities are needed. These activities may include additional medical follow-up with your physician, direction to attend a fitness-for-duty examination by a physician, or the scheduling of an accommodations meeting. Please note that if the medical questionnaire is not received by the date indicated (and if you have not requested additional time to submit this information), [company name] may schedule you for a fitness-for-duty examination to obtain the information needed to determine our obligations, if any, under the ADA/FEHA to provide you with a reasonable accommodation.

I am very pleased to work with you so that [company name] can better understand your work restrictions/functional limitations, so that together we can explore accommodations for you. Please do not hesitate to contact me if you have any questions and thank you in advance for your attention to this matter.

Sincerely,

[Name]

[Title]

cc: Employee's Reasonable Accommodation/Medical File

Enc.: Essential Functions Job Analysis/Job Description Medical Questionnaire