Date

Employee Name **SENT VIA EMAIL AND US POSTAL SERVICE**

Address

Address

**DISABILITY INTERACTIVE PROCESS**

**REQUEST FOR CLARIFICATION ON WORK RESTRICTIONS / REQUEST FOR ACCOMMODATION**

Dear Mr./Ms. Name,

***[If requested a reasonable accommodation]***

This letter is being sent as a follow-up to our call on \_\_\_\_\_\_\_\_\_\_\_\_ (date). [OR This letter is being sent as a follow-up to the voicemail(s) left for you on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date(s)).] As shared, the Organization requests your assistance to continue in the disability interactive process and to better understand your request for reasonable accommodations. To support your request, we will need to clarify your request for accommodation. This request is being made as part of a good-faith Interactive Process that the Organization has begun with you to ensure that reasonable accommodation options are explored to best support you to fully and safely perform your job duties in accordance with Title I of the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA).

***[If organization perceives there is a disability impacting performance or safety]***

This letter is being sent as a follow-up to our call on \_\_\_\_\_\_\_\_\_\_\_\_ (date). [OR This letter is being sent as a follow-up to the voicemail(s) left for you on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date(s)).] As shared, the Organization requests your assistance to continue in the disability interactive process and to better understand if you may have a serious medical condition impacting you at work. As shared, the organization perceives you may have a disability impacting your performance and/or safety at work. As such, the organization has been triggered to start a timely, good-faith interactive process with you due to our perceptions in accordance with Title I of the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA). The goal of this process is to determine how to best support you to be successful and/or safe while performing your job duties.

Under the ADA and FEHA, the Organization 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.

At this time and before additional decisions can be made in regard to implementing reasonable accommodations for you, we need additional information from your Health Care Provider. As such, please schedule an appointment with your provider and request they review the Essential Functions Position Analysis (EFPA) [or job description] for your position of POSITION TITLE and complete the medical questionnaire form. Both of these documents are attached to this letter. **Please submit this completed form to my attention within 10-calendar days from the date of this letter.** Please ensure that no information pertaining to you possible medical condition(s) or treatment plan(s) is shared with the Organization. We are not asking for protected health information, only a listing of work restrictions, leave needs and the duration of such, if applicable. With this information we will be able to better determine if this is the right process to use to support you, and if it is, we will be able to more thoroughly explore reasonable accommodations for you.

Once the medical questionnaire form is received back, we will review it and determine what, if any, additional interactive process activities are needed. These activities may include additional medical follow-up with your Health Care Provider, direction to attend a Fitness for Duty examination by a third-party Health Care Provider, or the scheduling of an interactive process 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), the Organization 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 reasonable accommodation.

I am very pleased to work with you so that the Organization can better understand your possible need for workplace reasonable accommodations under the ADA/FEHA. 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

Enc.: Supplemental Medical Questionnaire

Essential Functions Position Analysis (EFPA) / Job Description

cc: Employee’s Reasonable Accommodation / Medical File

 Employee’s Representative (if applicable)