***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

This letter is intended to discuss your leave status and work restrictions. I also would like to inform you about the County’s Disability and Reasonable Accommodation Policy and the interactive process.

You are currently on an approved medical leave from ***<START DATE>*** to ***<END DATE>***. The Department received your physician’s note dated ***<DATE>***. ***<DOCTOR>*** stated you have the following permanent work restrictions:

* ***<LIST RESTRICTIONS>***

Based on these restrictions, it appears you may need an accommodation to enable you to perform the essential functions of your job.

The County has a Disability & Reasonable Accommodation Policy (enclosed) in compliance with the Americans with Disabilities Act (ADA) and the California Fair Employment & Housing Act (FEHA). The Policy provides a framework to discuss disability-related concerns and provides for a timely, good faith interactive process to discuss accommodation.

During the interactive process, the employee and Department discuss a variety of possible accommodations to allow an employee to continue working in his/her current position. If an accommodation cannot be made that would allow an employee to perform the essential functions of his/her current position, the County will first determine whether assignment in an alternate vacant position within the employee’s Department can be made. If there are no vacant positions within the employee’s Department for which the employee meets the minimum qualifications with or without accommodation, Human Resources will conduct a County wide job search.

The Department and County would like to begin the interactive process. ***<DM Analyst Name>*** will be contacting you to schedule a meeting.

Please contact me at ***<565-xxxx>*** or ***<DM Analyst Name>***, Disability Management Analyst at ***<565-xxxx>*** if you have any questions.

Sincerely,

***<Dept Designee>***

Enclosed: County of Sonoma Disability & Reasonable Accommodation Policy

Cc: ***<DM Analyst Name>***, Disability Management Analyst

 Confidential Medical File