***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

We have been informed by the Human Resources Department that Kaiser Occupational Health reported that you can safely perform the essential job demands with the following restrictions:

* ***<LIST RESTRICTIONS>***

In accordance with the County’s Disability & Reasonable Accommodation Policy (copy enclosed), we are able to accommodate your restrictions to enable you to perform the essential function of JOB TITLE position. This will be accomplished by:

* ***<INSERT ACCOMMODATION(S) >***

Please advise your Supervisor if you are having difficulty performing any assigned work with the current accommodations, or if there is work that you believe may not be consistent with your work restrictions. Please advise the Department immediately if your work restrictions change or if the current accommodation may need to be revisited in order to be effective.

Please feel free to call me at ***<707-565-xxxx>*** if you have any questions. ***<NAME>*** will be contacting you to discuss the next steps in the hiring process.

Sincerely,

***<Dept Designee>***

Enclosed: Disability & Reasonable Accommodation Policy

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

 Confidential Medical File