## **USE OWN DEPARTMENT LETTERHEAD HERE**

## SAMPLE: SEND TO EMPLOYEE WHO IS REQUESTING AN ACCOMMODATION

## **ADA Request Letter**

DATE

NAME ADDRESS CITY, STATE ZIP

## **RE: Request for ADA Documentation**

Dear NAME,

I learned in our conversation on [date], that you have a health condition that may impact your ability to perform your job. I want you to have the opportunity to be successful in your job and encourage you to work with us in identifying reasonable accommodation, if needed, which will provide this opportunity.

The County of San Luis Obispo's accommodation procedures are consistent with the California Fair Employment and Housing Act and Americans with Disabilities Act, and the information requested herein is necessary to implement this process. Enclosed are a Job Description, Reasonable Accommodation Request Form and a Physician Certification for Reasonable Accommodation for you to review with your health care provider.

Please return the completed Reasonable Accommodation Request and Physician Certification forms to me no later than [INSERT DATE: 15 calendar days from date of the letter.] Upon receipt of this information we will work together to identify whether accommodation is needed, determine if reasonable accommodations are available and implement applicable accommodation strategies. Any health information you provide during this process will be treated as confidential and only information necessary to the implementation of a reasonable accommodation will be shared with your supervisor(s). All confidential information obtained during this process will be maintained in your medical file, which is separate from your personnel file.

Assuming you return the requested information within the time frame noted above, we have scheduled an interactive meeting with you on <a href="[time]">[time]</a> at <a href="[location]">[location]</a>. The following persons will be present at this meeting: <a href="[names of meeting participants]">[names of meeting participants]</a>.

I encourage you and/or your health care provider to contact Human Resources at [contact information] with any questions regarding this interactive process. In the meantime, I have enclosed the handout "What to Expect in the Interactive Process" for informational purposes. This will help you to understand and prepare for our interactive meeting.

Sincerely,

Cc: [Supervisor]

Medical File

Human Resources Department

Attachments:
Job Description
Reasonable Accommodation Request Form
What to Expect in the Interactive Process