

County of Ventura

County Executive Office Risk Management & Human Resources



Disability Accommodation and Management Guidelines

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**COUNTY OF VENTURA
EMPLOYEE DISABILITY ACCOMMODATION AND MANAGEMENT
GUIDELINES**

Statement of Purpose

Federal and State law prohibits discrimination against individuals with disabilities in the workplace. The law is designed to aide employees and applicants in gaining needed accommodations so as to allow them to obtain and retain gainful employment. The relevant State statutes are contained in the Fair Employment and Housing Act (FEHA), and the Federal statutes contained in the Americans with Disabilities Act (ADA) of 1990.

As set forth in the County Administrative Policy Manual, it is the policy of the County of Ventura to assure equal employment opportunity to its employees and applicants for employment on the basis of fitness and merit without regard to disability. In doing so, it is the County's intent to comply with the FEHA and ADA. The Disability Accommodation and Management Guidelines provided herein are designed to guide managers and Human Resource personnel at the County to objectively address the needs of all applicants and County staff and comply with State and Federal law.

The responsibility for Disability Management begins with the employing Agency, but is a County-wide obligation. In cases where an Agency believes it cannot reasonably accommodate a permanent or long-term disability, consideration of other vacant positions County-wide must be made under the current state of the law. Therefore, the County has established these Guidelines that should be applied uniformly by each of the County's Agency Directors and elected officials.

FEHA requires that the employer engage in a good faith “Interactive Process” with employees who have, or are perceived by the employer to have disabilities, to determine the availability of appropriate Reasonable Accommodations that might enable the employee to perform the essential job functions of their assigned position. The Interactive Process is required to establish whether accommodations are being requested, are in fact needed, the types of and duration for the need, and whether accommodations can be provided. FEHA requires that the County offer the Interactive Process in good faith to assess the needs of the employee, even if it does not initially appear that accommodation is possible.

Roles & Responsibilities

Agency Responsibility: The responsibility of initiating and documenting the Disability Management measures outlined within these guidelines lies with the Human Resources Department of the employing agency.

County Responsibility: From the standpoint of the Fair Employment and Housing Act, the “employer” is the County of Ventura for all County employees; the Agency to whom the employee is assigned is not the employer. For the purposes of evaluating available resources and vacant positions, should reassignment be necessary, the County may be looked upon as a whole. Therefore, while Disability Management responsibilities are addressed by the employing agency, County-wide consideration is necessary for those cases that cannot be accommodated at the Agency level.

Oversight and Coordination of County-Wide Disability Management: County Human Resources within the Chief Executive Office is responsible for developing and maintaining compliant policies, procedures and guidelines. Human Resources, Industrial Relations, Risk Management, and County Counsel are each available to assist Agencies in their efforts to formulate and institute the Agency’s Disability Management program. Risk Management will oversee the implementation of these guidelines.

County Human Resources in the CEO’s office is available to assist in County-wide vacant position consideration, to assist in assembling information relative to essential job functions, and can aide in the evaluation of qualifications of an employee in need of placement.

Industrial Relations is available to assist in developing a plan for documenting, evaluating, and handling work performance as well as investigating suspect employment practices.

Risk Management as well as the County’s claims administrator are available to assist in management of return-to-work issues related to workers’ compensation claims, and should be consulted if it appears that Reasonable Accommodations are not available for an employee returning to work following an industrial injury or illness. Further, Risk Management should be consulted if Reasonable Accommodations are deemed not available County wide for a disabled employee, as provisions of Disability Retirement may become an issue. This will ensure that an application for Disability Retirement is properly documented at the outset and is not needlessly challenged or delayed. Furthermore, contentions of inappropriate Disability Management practices that result in claims or litigation will be referred to Risk Management for defense management.

County Counsel is available to ensure that policies are properly drafted and implemented to protect the interests of the County and its employees. Any complaints regarding inadequate Disability Management, from any source, including complaints by

employees, correspondence from attorneys or contact by the U.S. Equal Employment Opportunity Commission (EEOC) or the State Department of Fair Employment and Housing (DFEH), should result in notification to County Counsel at the earliest opportunity. Ramifications of inadequately addressing disability issues can be severe. It is important to evaluate and properly respond to issues from the outset to protect the rights of employees and the best interests of the County. County Counsel will marshal the needed County resources to respond to concerns raised.

Definitions

Disability: The law of this state contains broad definitions of physical disability, mental disability and medical condition. State law has historically offered greater protection to employees than the Federal Law. For example, the ADA definition of disability that comes under the protection of the Federal law is: “a physical or mental impairment that substantially limits one or more major life activities.” However, under California law, disability is defined as an impairment that makes performance of a major life activity “difficult.” Employment is deemed a “major life activity.” Thus, State law protects employees with mental or physical disabilities, even if the condition is not currently disabling (i.e. asymptomatic conditions, HIV positive test results, and genetic predisposition to disease).

Interactive Process: There are two distinct employer requirements under FEHA.

1. Employers must engage, or meet, with the disabled employee in need of accommodation.
2. Employers must provide employees with Reasonable Accommodations.

Both of these requirements are subsumed in the Interactive Process and failure to do either is a separate violation of the law. The Interactive Process is all of the activities that occur to assess the ability of a disabled employee to perform the essential functions of the job, to determine whether reasonable accommodation is necessary and, if so, to evaluate the full range of available, effective reasonable accommodations and to make decisions concerning implementation of reasonable accommodations. These activities include, but are not limited to, verbal communications, letters, fitness for duty examinations, medical clarification, meetings, research and ultimately, decisions. The Interactive Process is an ongoing dialogue and exchange of information between the employee and employer to assemble all information necessary to evaluate accommodations that may allow the employee to perform all the essential job functions of the position. It is interactive, in that it involves discussion and exchange of information with the employee. It is a process, in that it may well be ongoing. A single meeting may not satisfy the needs of the employer or the employee. Agreed upon accommodations through the process may require reevaluation from time to time, as the employee's condition or needs change, or as the Agency's work process or needs change. It is recommended that the Agency Human Resources division be responsible for managing

the Interactive Process for the employing Agency to promote objective and uniform treatment of employees throughout the Agency.

Essential Job Functions: The essential functions of a position are the fundamental duties and requirements of that position that the individual holding the position must personally perform, and cannot be performed by another person without seriously disrupting the operations of the unit. Marginal tasks, those that could be reassigned if necessary, are not essential functions. To guide identification of the essential functions, two questions can be asked: 1) Is the employee actually required to perform this function; and 2) Would removing the function fundamentally alter the position?

Reasonable Accommodation: An accommodation is any change in the work environment or in the way things are ordinarily done that enables an individual with a disability to enjoy equal employment opportunities. To be deemed a Reasonable Accommodation, the accommodation must effectively enable the employee to perform all of the essential functions of the position without causing undue hardship on the employer or posing a direct threat to the health or safety of the employee or others. Considerations for Reasonable Accommodation are discussed further later in these guidelines.

Undue Hardship: An Undue Hardship produces a significant difficulty or significant expense on the employer due to the proposed accommodation. Factors that will be considered include:

- Nature and cost of the accommodation needed
- Overall financial resources of the County
- Effect on expenses and resources of the employer
- Impact of the accommodation on the operation of the employer, including the effect on other employees' ability to perform their jobs.

Guidelines for the Process

Generally, the Disability Management or Interactive Process consists of the following steps:

1. Determine whether there is a need to initiate Disability Management;
2. Acquire copies of work restrictions and physical limitation information;
3. Identify and document physical job duties for the assigned position;
4. Identify essential job functions;
5. Interact with the employee to evaluate items 2, 3 and 4, considering possible steps that would enable the employee to perform all essential job functions;
6. Investigate possible accommodations and evaluate their impact on the County to determine if the proposed accommodation is reasonable;
7. Offer reasonable accommodations to the employee;
8. Document the process to ensure and evidence compliance with the law and establish a lasting record for future reference.

1. Determine whether there is a need to initiate Disability Management

An employer has no duty to engage an employee in an interactive process or manage a disability it has no knowledge of. Generally, the employee must request reasonable accommodation; however, when the employer knows or should know that an employee has a disability that prevents performance of essential functions, the employer's obligation to provide reasonable accommodation arises. Once knowledge of an issue arises, the process must start, by first documenting when and how the employer became aware, and the plan of action to manage the issue. As an aide to guide and document the process, a Disability Management Flow Sheet is provided. (Exhibit 1).

The need to initiate Disability Management for a particular employee can arise in a variety of ways. An employee may be recovering from an injury or illness, returning from a leave, or experiencing difficulty in the workplace. Whether a formal request to accommodate is received, or management becomes aware of the possible need for accommodation, the Disability Management process should be initiated. **At this point, the Agency should notify Risk Management at 654-3197 of the initiation of the process.** Risk Management will be compiling necessary statistics, monitoring the progress of guideline implementation, as well as evaluating needed adjustments to the Guidelines and recommended documentation. The agencies' assistance in sharing their experiences to accomplish these tasks will be greatly appreciated.

If an employee is perceived to be in possible need of Reasonable Accommodation by others in the organization, the employer must take steps to determine if Reasonable Accommodation is in fact needed. Specifically, any employee or supervisor that is concerned that another employee may be at risk of hurting themselves or others, or may be performing poorly due to a disability is to contact the employee's Agency Human Resources to initiate Disability Management. This will result in discussion with the employee to evaluate if in fact Disability Management is needed or if steps need be taken to protect the employee or others.

2. Acquiring work restriction and physical limitation information

To evaluate whether accommodations are needed, the employer must sometimes obtain objective medical information regarding the employee's functional limitations and work restrictions. Often times, information initially received from an employee is not sufficient to qualify the employee as disabled under the law. Further, the information provided may not be adequate to fully understand the employee's limitations or restrictions, and thus would be insufficient to evaluate possible accommodation needs. In these cases, initial or supplemental medical certification, detailing work restrictions and physical limitations, is needed. Assembling needed information must occur while respecting the employee's right to privacy concerning their condition and treatment. Information is usually provided by the employee's treating physician. Exhibits 2, 3 & 4 can be used to obtain information regarding the work limitations from the treating physician, along with a description of the employee's position. Where the disability is not related to employment, costs are borne by the employee. Where disability is related to a

workers' compensation injury, information regarding work restrictions will be requested of the workers' compensation physician by the claims adjustor, at Risk Management's expense. In rare cases where sufficient information cannot be assembled through the employee's treating physician, a Fitness for Duty exam may become necessary (Exhibits 5 & 6, used together). Costs for the exam are borne by the employing agency.

Generally, it is not necessary to request diagnostic information concerning the employee's medical condition. Further, information acquired for the purpose of Disability Management should be maintained in a separate Disability Management file, and not retained in the personnel file kept at the Agency or Department level.

This information gathering aspect of the Disability Management program can be time consuming and may seem frustrating. However, the information gathering phase is critical to making informed and well reasoned decisions. It may be necessary to meet with the employee on one or more occasions to underscore the critical nature of gathering relevant and accurate information concerning the physical limitations and work restrictions.

3. Identify and document physical job duties for the assigned position

Ideally, obtain a physical job description or job analysis that may already exist through the Agency Human Resources department or Risk Management. In the alternative or if such a report is not available, see Exhibit 7, using those sections of the form that are applicable to the physical characteristics of the assigned position.

4. Identify essential job functions

Accommodations are deemed reasonable if they permit the disabled employee to perform the essential job functions without creating undue hardship. California Government Code §12926(f) provides the following guidance in identifying a position's essential functions:

The job function may be considered essential for any of several reasons including; but not limited to, one or more of the following:

1. The reason for the position exists is to perform that function;
2. Only limited number of employees are available among whom the performance of that job function can be distributed;
3. The function may be highly specialized, so that the incumbent in the position is hired for their expertise or ability to perform that function.

Evidence of whether a particular function is essential includes, but is not limited to:

1. The employer's judgment as to which functions are essential;
2. Written job descriptions prepared before advertising or interviewing applicants for the job;
3. The amount of time spent on the job performing the function;

4. The consequences of not requiring the incumbent to perform the function;
5. The terms of a collective bargaining agreement;
6. The work experiences of past incumbents in the job;
7. The current work experience of incumbents in similar jobs.

5. Interact with employee in Accommodations Meeting(s)

Once satisfactory medical certification and functional limitation/work restriction information has been received, and the essential job functions of the employee's position have been identified, personal interaction with the employee is needed. Time is of the essence, and this phase of the process should proceed without delay. Whether the need for accommodations is temporary, permanent, or the duration is unknown, the process is essentially the same.

To engage the employee in good faith, the Agency must assemble the individuals needed to evaluate the information gathered and assess the possible availability of accommodations, while at the same time, promoting an open and comfortable forum (to the extent possible) to explore possibilities. Failure to offer to engage the employee in discussions regarding possible accommodations can be a violation of FEHA in and of itself. There are no hard and fast rules on who must or should attend Accommodations Meeting(s). It should be conducted by Human Resources to ensure objective and uniform application of policy and procedures, and to provide for consistent documentation of the process. A meeting may involve only the employee and the assigned Human Resources representative. One should recognize that there are cases where there can be interference to open communications if the employee's direct supervisor attends, especially if sensitive work restrictions/physical limitations are at issue along with prior job performance. The makeup of the meeting must be addressed on a case by case basis, and the makeup may change where multiple meetings are necessary.

The scheduling of the Accommodation Meeting must be documented to demonstrate compliance, with written notice provided to the employee. (Exhibit 8) If the employee fails to respond to the initial notice, a second notice should be provided (Exhibit 9), which includes an admonition of the importance of the employee's participation in the interactive process. Indeed, the employee has an obligation to cooperate with the employer and engage in the interactive process. An employee's failure to do so may foreclose any claims against the employer for failing to accommodate. Nevertheless, if possible, the process should continue even if the employee fails to respond to the notice or fails to attend the Accommodation Meeting. In those rare cases where the employee does not cooperate and attend the meeting, the discussion and efforts to identify reasonable accommodations can and should take place and must be appropriately documented.

The Accommodations Meeting should be documented, with minutes taken to evidence compliance with the law and to record discussion results. Exhibit 10 provides a suggested format and can be used to document the meeting using the sections

applicable as the case may be. Documentation should include at least the following information:

- Date, time and location of meeting;
- Attendees;
- Work restrictions and physical limitations;
- Date and source of such restrictions and limitations;
- Essential job functions (copy of Essential Job Function report);
- Issues discussed;
- Recommendations discussed;
- Outcome of meeting, whether job offer made or if further consideration needed.

6. Investigate possible accommodation

As defined above, an accommodation is any change in the work environment or in the way things are ordinarily done that enables an individual with a disability to enjoy equal employment opportunities. To be deemed a Reasonable Accommodation, the accommodation must effectively enable the employee to perform all of the essential functions of the position without causing undue hardship on the employer or posing a direct threat to the health or safety of the employee or others.

The primary goal of reasonable accommodation is to allow the disabled employee to continue in their current job. Toward this end, many different types of accommodation may be considered, depending on the circumstances. Among these are modifications to facilities and work schedules, changing work location, acquisition or modification of equipment, restructuring the job to reassign marginal functions or modify when or how essential job functions are done. These types of accommodations should be explored first.

In some situations, a leave of absence may be a reasonable accommodation. Indeed, a disabled employee is often entitled to FMLA and other paid and unpaid leaves. Disabled employees must be afforded these leaves. In addition, where an employee's limitations are temporary and can reasonably be expected to improve and an extended leave would facilitate return to work, additional leave (unpaid), in excess of that provided for by law or policy, may be deemed reasonable. (EXHIBIT 11) This option is not reasonable for a person who is permanently disabled and is not expected to experience improvement, and may not be reasonable for an employee whose physician cannot define the length of time for which the leave is needed.

When no accommodation is possible in an employee's present job or accommodation within that position would create an undue hardship, reassignment should be considered. In this situation, the employee must be considered for placement into a vacant position for which they are qualified and capable of performing all essential job functions either with or without reasonable accommodation provided it would not create an undue hardship. Reassignments must not violate seniority provisions in Collective Bargaining Agreements but trump civil service examination and other requirements

provided the position is not a promotion. In addition, the employee must meet the minimum qualifications of the position. If there are multiple positions that meet the above criteria, the employee's preferences must be considered before making a final decision. This involves first considering vacant positions within the employing Agency, and if no qualifying positions are available, expanding the search to County-wide positions, including those at lower pay if nothing comparable is available. (see County Administrative Manual Policy Chapter VII (A) – 10). Consideration must also be given to positions that will become available within a reasonable period.

Accommodations that are Not Reasonable:

- Lower quality or production standards
- Provide personal use items (such as glasses)
- Create a new position
- Displace (layoff/bump) other employees
- Violate existing Collective Bargaining Agreement(s)

Undue Hardship

An accommodation may be denied if it would create an Undue Hardship. As defined above, an accommodation would create an Undue Hardship if it would produce a significant difficulty or significant expense on the employer. The bar for establishing Undue Hardship is high and the burden of proving that an accommodation would create an Undue Hardship is on the employer. Consequently, before denying a proposed accommodation on the basis that it would create an Undue Hardship, the Agency should consult with County Human Resources and/or County Counsel.

7. Offer reasonable accommodations

a) Offer of Temporary/Modified/Alternative Work: If, as a result of the interactive process, it is determined that the employee can remain in their current position with Reasonable Accommodations made on a temporary basis, those accommodations and the duration should be documented using a Temporary Duty Agreement (Exhibit 12) and provided to the employee. Likewise, if reasonable accommodations can be made through an offer of a temporary modified position or an alternative position that is not the employee's regular position, the offer should be made in writing. The offer must indicate the restrictions and duration. The written offer should be provided to the employee's supervisor to ensure there is no misunderstanding regarding the position, limitations, accommodations and duration.

The Agency Human Resources department should track and monitor temporary accommodations assignments. The status of the employee and the assignment must be evaluated before the temporary assignment concludes. An employee should be notified in advance that the term of the temporary assignment is due to expire to ensure there is no disruption in employment. Employees that fail to provide re-certification of the continuing need for accommodations before the assignment ends may have to be taken

off from work until a new medical certification can be provided and a determination made as to the Agency's ability to further accommodate the disability or extend the temporary modified/alternate work assignments. Employees should not to be brought back to work in a temporary capacity before a decision is made and a temporary work contract completed and signed.

Temporary Duty Pay Status: If the employee can be accommodated with temporary duty their pay will stay the same, even if assigned lesser alternate work. If temporary modified/alternate duty is not available the employee will be taken off from work and placed on the appropriate leave of absence. (EXHIBIT 13)

b) Offer Long Term or Permanent Modified/ Alternative Work: Accommodating long term or permanent disability, or where modifications may have to be for an extended period are handled much the same, but may require authority at higher levels, given the long term effect on the Agency. The lasting effect on the Agency and employing department must be considered when consulting with the necessary parties for the interactive process and assembling the participants for accommodation meetings. Agencies would be well served to pre-establish a protocol requiring management approval for long term, permanent or unknown duration requests. Temporary accommodations can be used while long term accommodation options are under consideration.

8. Documentation

Disability Management can have long lasting effects. Issues addressed during Disability Management can resurface years later, after changes have occurred in personnel and management. The best defense to complaints regarding the adequacy of Disability Management is proper documentation demonstrating compliance with procedures, protocols and the law. The importance of creating and maintaining a document trail of efforts made in Disability Management cannot be over emphasized. To that end, commonly used documents as well as a flow sheet are provided in these guidelines. Any email exchanges should be printed and retained for the same reason. Documentation should be maintained confidential and separate from the standard Agency, Department and County Human Resource files, so as to protect the privacy interests of the employee. Should litigation arise, County Counsel and Risk Management will need to obtain the contents of the Agency Human Resources Disability Management file. The file should include:

- Documents demonstrating when and how the agency became aware of the need for Disability Management;
- All notices provided to the employee;
- All documents provided by the employee and physicians;
- Documents evidencing Accommodations Meetings;
- The Disability Management Flow Sheet or similar record of activities.

Employee Appeal or Reconsideration of Reasonable Accommodations Options

Any employee that disagrees with the ultimate determination of Agency Human Resources is directed to outline their concerns in writing to the Agency Director, or designee of the Director. The employee's concerns must be considered and responded to in writing. A meeting may be needed to address the concerns, in which case, the meeting must be offered promptly, generally within the two weeks of receipt, and a written response generally within one week of the meeting.

If the employee is still in disagreement with the outcome, the next level of appeal is to the County Director of Human Resources or his or her designee, with the same written requirement and form and timeframe for response.

Disciplinary Action Note

An employee that is subject to disciplinary action due to performance issues resulting from a disability must be afforded the Disability Management process.¹ If an employer is aware of a disability or perceives an employee to have a disability that may be contributing to a performance issue, the employer must first address the possible connection. This is done by engaging with the employee to determine if they have a protected disability and if so, are there accommodations possible to mitigate the negative behavior/actions. (EXHIBIT 14) County Counsel and the CEO – Industrial Relations Division can assist in formulating a strategy to evaluate work performance while recognizing the employee's disability status.

Before the Agency takes any action to terminate, change the pay status or discipline/suspend an employee who is, or perceived to be disabled, the Agency must engage with them in a good-faith interactive process. Some triggers that may provide notice of this obligation are:

- Employee fails to return to work after a personal medical leave or CFRA/FMLA (EXHIBIT 15)
- Employee's pay status changes from personal sick/illness leave to unpaid or employee exhausts their unpaid leave (EXHIBIT 16)
- An industrially injured employee is found to be Permanent and Stationary
- An employee has exhausted their various leaves.

¹ Gambini v. Total Renal Care, Inc. (9th Cir. 2007) and Riehl v. Foodmaker, Inc. (Wash. 2d, 2007)

Accommodations for Applicants

The County's requirement to engage in a good faith interactive process with those that have disabilities to determine the appropriate reasonable accommodations that might overcome the job limitations applies to applicants for positions much the same way as it applies to current employees. Refusing to hire an otherwise qualified applicant on the basis of a disclosed, apparent or perceived disability, without appropriately considering accommodation options, may be a violation of the Fair Employment and Housing Act.

The process of evaluating disabilities and potential accommodations for applicants is similar to that of current employees. However, the way in which the employer may become aware of the need for an interactive process can vary quite a bit. Further, the obligations of the employer regarding accommodations is not as encompassing. The employer must evaluate limitations and potential accommodations for the position for which the applicant has applied. If reasonable accommodations are not available for that particular position, unlike evaluating options for current employees, the employer is not obligated to consider accommodations options for other open positions.

The need for accommodations may arise during two circumstances while evaluating applicants for an open position.

1. Accommodations to permit a disabled applicant to test and interview for the position;
2. Evaluation of accommodations that would be necessary to permit the applicant to accomplish the essential functions of the position applied for.

Notice for the need for accommodations may arise from the application submitted, or thereafter, when notice is provided to the applicant has met the minimum qualifications for the position. First notice may arise during an oral board interview or selection interview. The approach that is taken as to when and how to evaluate the need for accommodations will be dependent upon when and how notice is received. It may be possible to discuss options during a selection interview. On the other hand, it may be necessary to engage the applicant in an interactive process once the field of qualified applicants has been interviewed.

Due to the vast array of potential scenarios that the need for discussing accommodations can arise, it is recommended that the hiring agency contact its **Risk Management Department** when the need to engage an applicant to discuss potential accommodations arises.

Example Forms and Letters

1. Disability Management Worksheet
2. Certificate for Return to Work or Further Treatment (RM 505)
3. Direction to Employee to provide Certificate for Return to Work
4. Instructions to Treating Physician Re: Return to Work Certification
5. Notice to Employee re: Fitness for Duty Exam
6. Memo to Physician re: Fitness for Duty
7. Physical Job Description
8. Notice to Employee of Accommodations Meeting
9. Second Notice to Employee of Accommodations Meeting
10. Accommodations Meeting Documentation
11. Offer of Extended Leave as Reasonable Accommodation
12. Offer of Temporary Duty as Reasonable Accommodation
13. Agency Unable to Accommodate Disability
14. Letter to Employee Re: Discipline Related to Possible Disability
15. Notice to Employee Re: Failure to Return following Leave
16. Interactive process Upon Change of Pay Status (i.e. End of Leave)
17. Disability Under the Fair Employment & Housing Act

Exhibit 1 - Disability Management Worksheet

Use this worksheet to guide through the disability management process and assist in documenting department efforts to assemble information and consider accommodation.	
Name:	Employee #:
Job Title:	Department/Supervisor:
Industrial/Non-Industrial	Date & Event Triggering Disability Management Process:

Action Required	Date	Remarks/Entered By:
Physical Job Description		
Doctor's Work Restrictions		
Clarification of Restrictions (if needed)		
Serve Notice of Interactive Meeting		
Initial Interactive Meeting Held and Documented		
Possible Accommodations, Mod/Alt Positions Documented		
Management/Supervisor Review of Possible Accommodations		
Accommodations Offered to Employee and Documented		
Modified Position or Alternate Job Agreement Executed		
Date for Follow-Up		
Date Accommodations Implemented		
ACCOMMODATION UNAVAILABLE		
Rationale Why Options Unreasonable Documented		
Restrictions Temporary (for how long?) or Permanent		
Will Extending Leave of Absence Allow Return to Work?		
Have You Reviewed Agency Open Positions for Alternative Jobs?		
County H.R., Review of County-Wide Open Positions for Alt. Jobs		
In the event that it is determined that reasonable accommodations are not available for a permanent restriction, County Counsel, County Human Resources and Risk Management should be notified that all employment, reassignment and retirement options are considered.		
Notes:		

Exhibit 3 – Direction to Employee to Provide Certificate for Return to Work

Date

Name
Address

Dear Ms./Mr.:

The County of Ventura, (AGENCY) Agency seeks to provide all disabled employees with Reasonable Accommodation as defined by the Fair Employment and Housing Act (Government Code § 12940). Generally, the law requires that employers: a) engage employees in need of accommodations in a timely, good faith interactive process; and b) provide Reasonable Accommodation for employees who, because of a disability, are unable to perform the essential functions of their job.

This Agency has been put on notice that you are requesting, or may be in need of, Reasonable Accommodation. In order to fully consider all options, the Agency is in need of additional information and clarification of your functional limitations/work restrictions. We are requesting that by _____
(Date) you have your physician complete the attached Medical Certification Form. If your physician is unable to complete, or does not provide the information necessary to continue the Reasonable Accommodation Process, then the Agency may find it necessary to send you to a Fitness-For-Duty Examination or take other action to acquire the information necessary to evaluate your potential needs.

We ask that you provide your physician with the following documents, copies of which are attached, so that we may fully understand your work restrictions and physical limitations.

1. Medical Certification Form;
2. Attached job analysis/job description;
3. Physicians memorandum so that they fully understand what is and is not needed as part of this process.

It is critical that you provide the Agency's Human Resources Department with the completed Medical Certification Form not later than the above date to avoid needless delay and further proceedings, including placement on an appropriate personal leave, temporary modified work pending receipt of further information or the need for a Fitness-For-Duty Examination through the County's Director of Employee Health.

If you have any questions please do not hesitate to contact the undersigned at (805)xxx-xxxx.

Respectfully Yours,

Enc.: Job Analysis
Memorandum to Physician
Medical Certification Form

Exhibit 4 - Instructions to Treating Physician Re: Return to Work Certification

MEMORANDUM

DATE:

TO: [Employee Name] to provide to Employee's Treating Physician

FROM: [], Human Resources Manager

RE: Return-To-Work Certification Assistance

Requested Submission Date: [DATE]

The County of Ventura, [AGENCY] Agency requests that you complete the attached medical certification for the above named employee, listing all functional limitations/work restrictions. We also respectfully ask that you review the attached Job Analysis/Job Description for the employee's position before you complete the form.

To evaluate whether Accommodations are needed, and if so, what Reasonable Accommodations may be afforded, we require information regarding your patient's functional limitations and work restrictions. So that we may timely engage the employee in an Interactive Process, we request submission of this information by _____ (date).

The reason for this request is that the above named employee has been identified as a potentially disabled employee who may be eligible for Reasonable Accommodation as defined by the Fair Employment and Housing Act (Government Code § 12940). To date, the County does not have sufficient information regarding the employee's functional limitations/work restrictions to complete a meaningful Interactive Process, and we hope that you will be able to assist your patient in that regard.

Should you have any questions, please feel free to contact [NAME], in Human Resources, at (805) xxx-xxxx. The completed form can be submitted directly to:

[NAME]
[ADDRESS]

Thank you for your time.

Enclosures: Medical Certification Form
Job Analysis/Job Description

Date

Name

Address

Address

Subject: Fitness-For-Duty Examination

Dear Ms./Mr.:

This letter is being sent to notify you that the Agency has scheduled you for a Fitness-For-Duty examination to obtain needed information on any functional limitations/work restrictions you may have.

The [AGENCY] Agency has been engaging with you, as part of the Interactive Process, to provide you with Reasonable Accommodation. The County of Ventura endeavors to provide all disabled applicants and employees with Reasonable Accommodation as defined by the Fair Employment and Housing Act (Government Code § 12940). Generally, the law requires two things from employers. First, employers must provide reasonable accommodation for those applicants and employees who, because of disability, are unable to perform the essential functions of their job and second, employers must engage in a timely, good faith interactive process with applicants or employees in need of reasonable accommodation.

At this time we have been unable to obtain necessary information relating to any functional limitations/work restrictions that you may have that are in need of accommodation. Therefore, the Agency has now determined that a Fitness-For-Duty examination is necessary.

Please note that you are to attend the following appointment as scheduled below:

Date of Appointment	Time Range of Appointment
	Name of Physician
	Name of Clinic/Practice
	Address
	Phone Number

Copies of all documents being provided to the physician are attached or will be provided for your information. The appointment will be paid by the Agency and you will be in paid status for the duration of this examination and reimbursed for mileage to and from the facility if it takes place at a location other than your usual workplace. Once we receive the results of the exam, I will contact you and discuss the next step in the Interactive Process, which may entail scheduling an Accommodation Meeting where any restrictions or physical limitations will be discussed and Reasonable Accommodation options explored.

If you have any questions please do not hesitate to contact the undersigned (805)xxx-xxxx.

Respectfully Yours,

AGENCY Human Resources

Enc.: Job Analysis
Memorandum to Physician
Medical Certification Form

MEMORANDUM

DATE:

TO: County of Ventura Fitness-For-Duty Physician

FROM: _____, [AGENCY] Human Resources

**RE: Fitness-For-Duty Examination Request:
[Employee Name, Classification]**

The County of Ventura [AGENCY] Agency requests that you conduct a Fitness-For-Duty examination on the above named employee and notify this office of any/all functional limitations/work restrictions after taking into consideration the information contained in the attached Job Analysis/Job Description and any other documents accompanying this memorandum.

Please complete the attached Medical Certification Form or provide equivalent necessary information on your own form or in a report.

The reason for this request is that the above named employee has been identified as a potentially disabled employee who is/may be eligible for Reasonable Accommodation as defined by the Fair Employment and Housing Act (Government Code § 12940). To date, the County does not have sufficient information outlining functional limitations/work restrictions to engage the employee in meaningful discussions regarding Reasonable Accommodations, and we hope that you will be able to assist in that regard.

Thank you for your time.

Enclosures: Medical Certification Form
Job Analysis/Job Description
[ANY OTHER RELEVANT DOCUMENTS I.E. CHRONOLOGY OF
EVENTS OR NARRATIVE DESCRIPTION OF EVENTS LEADING TO
CONCERN REGARDING THE NEED FOR REASONABLE
ACCOMMODATIONS]

Cc: [EMPLOYEE]
Disability Management File

Exhibit 7 – Description of Employee’s Job Description

DESCRIPTION OF EMPLOYEE’S JOB DUTIES

INSTRUCTIONS: This form should be completed by the supervisor or manager of the department or group wherein the employee works. Accuracy is important. Direct observation and accurate measurement should be utilized whenever possible. If necessary, an individual employee may be used to help develop the Job Description.

EMPLOYEE NAME:	(LAST)	(FIRST)	(M.I.)
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AGENCY:

JOB TITLE:	HOURS WORKED PER DAY:	HOURS WORKED PER WEEK:
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DESCRIPTION OF JOB DUTIES:

ESSENTIAL JOB FUNCTIONS:

1. Check the current frequency of activity required of the employee to perform the job.

ACTIVITY (Hours per day)	NEVER 0 hours	OCCASIONALLY Up to 3 hours	FREQUENTLY 3 – 6 hours	CONSTANTLY 6 – 8+ hours
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Hand Use: Dominant hand				
Right – Left --				
Is repetitive use of hand required?				
Simple Grasping (right hand)				
Simple Grasping (left hand)				
Power Grasping (right hand)				
Power Grasping (left hand)				
Fine Manipulation (right hand)				
Fine Manipulation (left hand)				
Pushing & Pulling (right hand)				
Pushing & Pulling (left hand)				
Reaching (above shoulder level)				
Reaching (below shoulder level)				

2. Please indicate the daily Lifting and Carrying requirements of the job: Indicate the height the object is lifted from floor, table or overhead location and the distance the object is carried.

	LIFTING				Height	CARRYING				Distance
	Never 0 hours	Occasionally Up to 3 hrs.	Frequently 3 – 6 hours	Constantly 6–8+ hours		Never 0 hours	Occasionally Up to 3 hours	Frequently 3 – 6 hours	Constantly 6 – 8+ hours	
0-10 lbs.										
11-25 lbs.										
26-50 lbs.										
51-75 lbs.										
76-100 lbs										
100+ lbs.										

Describe the heaviest item required to carry and the distance to be carried: _____

3. Please indicate if your job **requires**:

	Yes	No	(IF YES, BRIEFLY DESCRIBE)
a. Driving cars, truck, forklifts and other equipment?	◀	◀	_____
b. Working around equipment and machinery?	◀	◀	_____
c. Walking on uneven ground?	◀	◀	_____
d. Exposure to excessive noise?	◀	◀	_____
e. Exposure to extremes in temperature, humidity or wetness?	◀	◀	_____
f. Exposure to dust, gas, fumes, or chemicals?	◀	◀	_____
g. Working at heights?	◀	◀	_____
h. Operation of foot controls or repetitive foot movement?	◀	◀	_____
i. Use of special visual or auditory protective equipment?	◀	◀	_____
j. Working with bio-hazards such as: blood borne pathogens, sewage, hospital waste, etc?	◀	◀	_____

Comments:

Employer Contact Name:	Employer Contact Title:
Prepared By:	Date:

Instructions for Completion of Employee's Description of Job Duties

Introduction

The following job description can be used to document an employee's usual job duties. A job description provides detailed information about the tasks, functions, and physical demands of an employee's job.

The first section of the job description is entitled "**Description of Job Duties.**" This section simply requires a general description in narrative form of what the individual does. A short paragraph describing the duties and responsibilities of the job in question (much as you would describe it to an applicant) is what is necessary here. Ideas for the narrative may be gleaned from the County's Job Descriptions on the intranet.

"**Essential Functions**" are the fundamental duties of the job. They do not include marginal functions of the position. A job function may be considered essential for any of the following reasons:

1. The position exists to perform the function.
2. There are a limited number of employees available among whom the performance of the function can be distributed.
3. The function is highly specialized and the incumbent in the position was hired for his/her expertise or ability to perform the function.

The next section refers to "**Activity**". This section describes body positions and hand use, broken down by frequency. Naturally, frequencies and tasks may vary from day to day. What is needed here is a reasonable average for any particular day. It should be noted that many activities are mutually exclusive (e.g., you can't sit, walk or stand at the same time), so these activities combined should add up (approximately) to the total number of hours in a shift (typically 8). If you feel that the activity and frequency are not adequately described or need clarification, please use the "comments section" to provide further explanation.

The next section involves "**Lifting and Carrying.**" It is broken down into weight categories and duration. Although relatively straightforward, it is important to stress accuracy in this section. It is critical in many cases. If the weight of something lifted or carried is not known, weight it; don't guess. Measure distances. Note actual durations of lifting and carrying. The lifting section also asks you to provide the height an object is lifted.

The last sections ask you about specific activities and require a simple "yes" or "no" response and brief explanation.

The "**Comments**" section should be used to describe any items that you feel need clarification or explanation and are not adequately described in the preceding sections.

A glossary of some of the terms, taken from the Dictionary of Occupational Titles and other sources, is included to help you. Please keep in mind when completing this form that it is based on an average day.

GLOSSARY

The following is a list of terms and definitions you may find helpful in completing your job descriptions.

- Balancing:** Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium while performing gymnastic feats.
- Bending:** Forward motion of the upper body from the waist, or the head from the neck.
- Carrying:** Transporting an object, usually holding it in the hands or arms, or on the shoulder.
- Climbing:** Ascending or descending ladders, stairs, scaffolding, ramps, poles, ropes, etc., using the feet and legs and/or hands and arms.
- Controls:** Entail the use of one or both arms or hands and/or one or both feet or legs to move controls on machinery or equipment. Controls include, but are not limited to: buttons, knobs, pedals, levers, and cranks.
- Fine manipulation:** Picking, pinching, or otherwise working with the fingers primarily (rather than with the whole hand or arm as in handling).
- Kneeling:** Bending the legs at the knees to come to rest on the knee or knees.
- Lifting:** Raising or lowering an object from one level to another (includes inward pulling).
- Power grasping:** Use of fingers, palm and wrist to hold and/or manipulate objects (hammers, saws, etc.). Object or tool cannot be easily pulled from the grasp.
- Pulling:** Exerting force upon an object so that the object moves toward the force (includes jerking),
- Pushing:** Exerting force upon an object so that the object moves away from the force (includes striking, slapping, kicking, and treadle actions).
- Reaching:** Extending the hand(s) and arm(s) in any direction.
- Simple grasping:** Use of the fingers primarily to hold and/or manipulate objects (pencils, pens, etc.)
- Sitting:** Remaining in a seated position.
- Squatting:** Bending the body downward to rest the buttocks on the heels of the feet or the back of the legs.
- Standing:** Remaining on one's feet in an upright position at a work station without moving about.
- Twisting:** Movement of the body in a sideways motion either seated or standing.
- Walking:** Moving about on foot.

Date

Name
Address

Subject: Reasonable Accommodation Meeting Scheduling Notice

Dear Ms./Mr.:

This letter serves to notify you that the [AGENCY] has scheduled an interactive Accommodations Meeting. This meeting is scheduled and being held in accordance with the requirements of the Fair Employment and Housing Act (FEHA). In this interactive meeting we will discuss the possibility of the County providing you with Reasonable Accommodations, taking into consideration your current work restrictions and physical limitations documented by medical notices previously received by this office.

The Meeting is scheduled as follows:

Date:
Time:
Location:

Upon receipt of this letter, we ask that you please notify us at the phone number listed below that you have received this notice and are planning on attending. You are encouraged to participate in this meeting so that you can share your needs and concerns relating to how the County may provide you with reasonable accommodation.

You may bring with you to the meeting any person(s) whom you would like that may assist you, including a union representative, The goal of the meeting is to provide an opportunity to explore options that will allow you to [return to work/continue working], performing the essential functions of the position with or without reasonable accommodation.

Finally, attached to this letter are two documents. The first is a general information pamphlet about the Reasonable Accommodation process and the Department of Fair Employment and Housing Act. The second is a copy of the Essential Functions Job Analysis that has been developed for your classification and identifies the functions and physical demands required of your position. Please take time to review the document prior to the meeting as it will be utilized as a tool when discussing the requirements of the position as they relate to the work restrictions that have been identified.

Should you have any questions regarding the upcoming meeting or the Interactive process, please contact the undersigned at (805) xxx-xxxx.

Respectfully Yours,

[AGENCY] Human Resources

Enc.:
FEHA Pamphlet
Physical Job Description

Date

Name
Address

Subject: Reasonable Accommodation Meeting – SECOND NOTICE

Dear Ms./Mr.:

This letter is in follow up to my previous letter of approximately two weeks ago, wherein you were provided notice of the scheduling of an interactive Accommodations Meeting on your behalf by this office. We have not to my knowledge received confirmation that you plan to attend the meeting scheduled as follows:

Date:
Time:
Location:

As set forth in the prior correspondence, the Accommodations Meeting is scheduled and held in accordance with the requirements of the Fair Employment and Housing Act (FEHA). The purpose of the meeting is to discuss with you the possibility of the County providing you with Reasonable Accommodations, taking into consideration your current work restrictions and physical limitations.

Again, upon receipt of this second notice, we ask that you please notify the undersigned at the number below that you have received this notice and if you plan on attending the meeting. To comply with the law, the County must offer you the opportunity to participate but the County's obligation to continue this process is contingent on your participation. You are encouraged to do so, as your input is very important to considering reasonable accommodation.

You may bring with you to the meeting any person(s) whom you would like that may assist you, including a union representative, The goal of the meeting is to provide an opportunity to explore options that will allow you to [return to work/continue working], performing the essential functions of the position with or without reasonable accommodation.

You were previously provided copies of a general information pamphlet about the Reasonable Accommodation process and a copy of the Essential Functions Job Analysis that has been developed for your classification. Should you require any further information, please contact the undersigned at (805) xxx-xxxx.

Respectfully Yours,

[AGENCY] Human Resources

Enc.: FEHA Pamphlet
Essential Functions Job Analysis

**MEMORANDUM DOCUMENTING
REASONABLE ACCOMMODATION MEETING**

USE NOTE: It is vital to document the process and results of Accommodations Meeting(s) held with the employee as part of the Interactive Process. However, circumstances vary greatly, and not all categories of information listed on sample forms may be applicable to document a single or series of meetings and analysis. Therefore, rather than try to present a sample form to address all potential circumstances, this document lists the types of information that should be included in a memorandum documenting the Accommodations Meeting(s).

Proposed Introductory Script for Interactive Meeting: The County of Ventura has an obligation to engage in the interactive process in order to identify, and implement where reasonable, accommodations for your limitations and restrictions. In conducting this meeting, the County is attempting to comply with its obligation to explore and evaluate opportunities to accommodate your work restrictions. During this interactive process, we will inquire about your limitations and restrictions as well as discuss the physical characteristics of your job and the essential functions of your current position, and may discuss, if needed, alternative open positions in the workplace. You have a right to maintain your privacy regarding your medical condition. This meeting is only to consider limitations and restrictions and work accommodations. (Include text of script in the memorandum.)

Demographic & Identifying Information:

- Date(s) of meeting
- Employee
- Job title
- Agency/Department
- Person conducting/facilitating meeting
- Attendees of meeting
- Identity of those participating in post-meeting discussions and analysis

Purpose of Meeting

- Brief Description of need for accommodations
- Identity of documents supporting restrictions
- Medical functional limitations/work restrictions described by healthcare provider
- Functional limitations/work restrictions described by employee
- Any disagreement between healthcare providers and employees description
- Expected duration of work restrictions

Reference Material

- Functional Job Analysis used for meeting and analysis
- Any disagreement or discussion regarding the employee's functional job analysis

Discussion Regarding Accommodations

- **Determine whether employee can perform essential functions of job with or without reasonable accommodation**
- Essential job functions needing accommodations
- Work Restriction conflicting with essential job function
- Potential accommodations identified and by who
- Potential reassignment positions identified
- Alternatives to job modification or reassignment discussed

Further Work Needed

- What can employee expect as next step by management
- Who will be consulted to evaluate potential accommodations
- Document discussions with management regarding review of potential accommodations
- Is assistance needed where Reasonable Accommodations cannot be identified by the employing agency:
 - County Risk Management and/or County Counsel to evaluate reasonableness of potential accommodations
 - County Human Resources for open positions in other agencies
- Document results of further analysis, including offer of accommodations:
 - Temporary job modifications
 - Permanent job modifications
 - Equipment/assistive devices
 - Leave of absence
 - Offer of reassignment within agency
 - Need for further Accommodation Meeting to explore positions County-wide or Disability Retirement eligibility and options

MEMORANDUM

DATE:

TO: County Human Resources

FROM: Employing Agency

**RE: Recommendation Approval for Unpaid LOA Extension Past One (1) Year
Employee:**

The ____ Agency has engaged with the above employee in a good faith interactive process, as required by the Fair Employment and Housing Act, to discuss all reasonable accommodation options that may exist to assist this employee in returning back to work, performing all of the essential functions of her/his position of ____ (classification title).

In the interactive process it was determined that this employee is still TEMPORARILY DISABLED and that her/his current restrictions cannot be accommodated through modified or alternate work.

The employee has provided the Agency medical evidence that indicates that an extended leave of absence is expected to aid in her/his return to work. The Agency believes that providing an additional unpaid leave of absence is reasonable at this time.

Therefore, approval of the following Unpaid Leave of Absence is requested:

Past Unpaid Leave Dates (1 year): _____

Requested Unpaid LOA Extension

Dates: _____

Approved:

Date: _____

MEMORANDUM

DATE:

TO: Employee

FROM: Supervisor

RE: Accommodation of Temporary Medical Restrictions

This is to acknowledge receipt of temporary work restriction(s) related to your assignment as a INSERT JOB TITLE. This correspondence is to advise you of the accommodations that will be made as well as the expectation that you will self monitor your work activity to ensure the physical activity restrictions are upheld.

The following accommodations will be made for the time period of [BEGINNING DATE] to [ENDING DATE]:

1. LIST ACCOMMODATIONS

You will not:

1. LIST RESTRICTIONS
2. Perform work outside or beyond the work restrictions that have been placed upon you by your physician, and will notify your supervisor immediately if you are unable to perform the job functions that have been identified as essential with your current work restrictions.

It is your responsibility to self monitor your physical activity restrictions. If there is a change in your condition or work restrictions please notify your supervisor immediately. Please see me if you have any questions.

Date

Name and Addressee

Dear Ms./Mr.:

We have received evidence of work restrictions from your physician, consisting of:

1. List Restrictions;
- 2.

We have met and discussed those restrictions and how they relate to accomplishing the essential functions of your current position. We have also explored other available positions as a part of the interactive process and search for reasonable accommodations.

At this time, we are unable to accommodate your work restrictions. Further, we have been unable to identify an alternative position that may serve as a reasonable accommodation.

Should there be a change in your restrictions, please be sure to provide such medical documentation to the undersigned so that we may continue to evaluate options available to provide reasonable accommodation. Should you have questions or concerns about your current or future status, please contact _____ in Human Resources at xxx-xxxx.

Sincerely,

Name , Program Manager
Department

c: Disability File

Date

Name & Address

Subject: Notice of Possible Eligibility for Reasonable Accommodation

Dear Ms./Mr.:

As you are aware, you are currently participating in a [pre-disciplinary / disciplinary] process with the Agency to assist you in [correcting / improving] [performance / attendance]. The Agency has become aware that you may have a disability that is impacting your performance.

This letter is being sent to notify you that if you are a qualified Disabled Employee as defined by the Fair Employment and Housing Act, the Agency will take your disability into consideration as a plan of action is developed to address your particular performance issues. Enclosed is a pamphlet that provides further information on what is considered a disability and the process the County will follow in relation to this matter.

If you are determined to be disabled under the provisions of the Fair Employment and Housing Act, the Agency will engage with you in an Interactive Process to ascertain if there are reasonable accommodations available that will assist you to be able to satisfactorily perform all of the essential functions of your position. If you believe that you qualify as a disabled person and require the Interactive Process, please have your treating physician complete the attached County Medical Certification Form and return it to the undersigned no later than _____ (date).

Please be aware that if you do not respond by the above date, nor request an extension by that same date, then we will assume that you do not qualify as a disabled employee. At that point your current progressive disciplinary process will resume.

If you have any questions please do not hesitate to contact _____(805) xxx-xxxx.

Respectfully Yours,

Enc.: FEHA Pamphlet
County Medical Certification Form

c: Employee Supervisor

Date

Name
Address

Subject: Failure to Return at the Conclusion of Personal Medical Leave

Dear Mr./Ms.

The County of Ventura, has information which indicates that your approved [FMLA/CFRA/UNPAID] leave ended on _____ (date). [You received twelve (12) weeks of family and medical leave in this 12-month period.]

According to the information received, you should have returned to work on _____ (date). If you are unable to return to work, you must contact the Agency Leave Coordinator _____ (name) at (____) ____-____ (phone). Please be advised that if you fail to return to work at the end of the approved leave, the County of Ventura, will not guarantee reinstatement to your prior position and may terminate your employment.

Remember that if you are absent because of your own illness or injury, you must provide the Agency's Leave Coordinator with a completed County Medical Certification Form returning you back to work or indicating the need for continued leave of absence on or before _____ (day after the prior certification expires).

In addition, should you need reasonable accommodation, in accordance with the Fair Employment and Housing Act (Government Code § 12940), in order to return to work please contact us at the number listed below. We will work with you to identify and evaluate options for returning to work with the aid of reasonable accommodation.

If you have any questions about please contact the undersigned.

Respectfully Yours,

Enc.: Medical Certification Form

cc: Employee Supervisor

Date

Name

Address

Subject: Initiation of Interactive Process

Dear Ms./Mr.:

The County of Ventura, _____ Agency, is aware that you are off from work due to medical leave and that you may qualify as a disabled employee as defined by the Fair Employment and Housing Act (Government Code § 12940).

Over the next few weeks we will be evaluating any limitations or restrictions you have and what the Agency can do to provide reasonable accommodations. If you have limitations or restrictions at the time you return to work, it will likely be necessary that we meet for an Accommodations Meeting with you. This meeting is held in accordance with the requirements under the Fair Employment and Housing Act (FEHA). In this interactive meeting we will discuss and document the possibility of the Agency providing you with reasonable accommodation, taking into consideration your work restrictions.

In order to have a meaningful meeting, the Agency needs to ensure that we have the most up to date functional limitations/work restrictions that are in need of accommodation. To assist us in that regard, please have your physician provide notice of the functional limitations and restrictions that need be accommodated. We attached the County Medical Certification Form that may be used in this regard.

The sooner this information is received from your physician, the more flexibility we will have to schedule an Accommodations Meeting. The form must be received by this office at least 10 working days before your expected return to work, in order to prevent delay in returning to work. If you are unable to provide this necessary information, or if you have any questions, please contact the undersigned as soon as possible.

Respectfully Yours,

Enc.: Medical Certification Form

c: Employee Supervisor

***Disability Under the Fair
Employment & Housing Act:***

(This exhibit consists of the DFEH pamphlet. The pamphlet is published by the DFEH, and is incorporated by reference. It can be found at <http://vcweb/ceo/Risk/Forms.htm>)