[Employer Letterhead]

[Date]

[Employee Name]

[Employee Street Address]

[Employee City, State, Zip]

Dear [Employee Name]:

Our employees are regarded as an important resource to the company. We feel that it is critical that problems, complaints, requests, or suggestions be discussed so that solutions can be reached. You have explained to us that you have a serious medical condition, [describe the serious medical condition if you know], and that from time to time you experience [describe medical issues] that impact your ability to perform certain essential functions of your job. We regard this as a request for accommodation and triggers for us, the employer, the necessity to participate with you in an *interactive process*.

[CHARTER SCHOOL] is committed to complying fully with the Americans with Disability Act (ADA) and FEHA to ensure equal opportunity in employment for qualified persons with disabilities. All employment practices and activities are conducted on a non-discriminatory basis. Reasonable accommodation is available to all disabled employees, where their disability affects the ability to perform the job functions. All employment decisions are based on the merits of the situation in accordance with defined criteria, not the disability of the individual. [CHARTER SCHOOL] is committed to taking all actions necessary to ensure equal employment opportunities for persons with disabilities in accordance with ADA and all other applicable federal, state and local laws. Again, once an employee requests accommodation, then the employer’s duty to participate in the *interactive process* is triggered.

At this point, we need to engage in further dialogue, reevaluate accommodations already granted, and gather additional information to determine and agree upon suitable and effective accommodation.

The interactive process will involve the following steps:

1. [CHARTER SCHOOL] needs to analyze your particular job to determine its essential functions. At this stage we will need to know the following:
	1. The general type of impairment you have (without disclosing a diagnosis)
	2. How your impairment limits a major life activity (like sitting, standing, performing manual tasks, or sleeping)
2. [CHARTER SCHOOL] and you will work together to accomplish the following:
	1. Identify barriers that exist to the performance of your job duties
	2. Analyze and/or review your abilities and limitations
	3. Determine which factors in the work environment or job task pose difficulties
3. You and [CHARTER SCHOOL] should identify a range of possible accommodations that have the potential to remove the difficulties in either the work environment or job tasks that would allow you to perform the essential functions of your job.
4. With possible accommodations identified, [CHARTER SCHOOL] shall access the effectiveness of each accommodation and your preference and determine whether the various accommodations would pose an undue hardship upon [CHARTER SCHOOL].

[Employee Name]

[Date]

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With the interactive process in mind, and in order to fulfill our responsibility as an employer under ADA, specific information is being requested from you at this time. We have attached a form, Requesting Documentation for Determining ADA Eligibility/Accommodations from Your Medical Professional. We have also attached a job description to better inform your doctor of what the job entails so that they can provide better information. Also attached is a Release of Information form.

We appreciate your cooperation in this matter and look forward to continuing the interactive process with you. Please have your physician complete the attached forms and return them to our office to my attention by [DATE]. We will follow up with you within three business days of receiving these forms so that we can meet to discuss and attempt to locate and agree upon a suitable and effective accommodation. Please contact me if you have any questions.

Sincerely,