***[SAMPLE—TO BE PLACED ON DISTRICT LETTERHEAD AND USED WHEN A CERTIFICATED EMPLOYEE IS ON NON-INDUSTRIAL ACCIDENT OR ILLNESS LEAVE]***

[DATE]

[NAME AND ADDRESS OF EMPLOYEE]

Re: Exhaustion of Available Leaves of Absence

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter will confirm your leave of absence status with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (District). The first day of your extended illness or accident leave began on \_\_\_\_\_\_\_\_\_\_\_\_ and continues to date. As of \_\_\_\_\_\_\_\_\_\_\_, you [have or will] exhaust[ed] your sick leave, including accumulated sick leave.

Education Code section 44977 states that a certificated employee who has exhausted all sick leave, including accumulated sick leave, and continues to be absent from their duties on account of the employee’s own illness or accident, will receive up to an additional period of five (5) school months of extended illness or accident leave. During this extended illness or accident leave, the employee’s salary will be reduced by the amount actually paid a substitute employee employed to fill his or her position during his or her absence or, if no substitute employee was employed, the amount that would have been paid to the substitute had he or she been employed. This is often called “sub-dock” or differential pay.

[This letter will also confirm the District is considering your illness or injury to be a “serious health condition” covered under both the federal Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA). Under the FMLA/CFRA, you are eligible for up to 12 weeks of unpaid leave in a 12-month period for your own serious health condition. Your FMLA/CFRA leave started on \_\_\_\_\_\_\_\_\_\_\_ (the first day of your absence). Enclosed are the forms regarding FMLA/CFRA leave.]

Before you exhaust the statutory leaves of absence available to you, we will continue to engage with you in a good faith interactive process under the Fair Employment and Housing Act and the Americans with Disabilities Act, and amendments thereto, to determine whether reasonable accommodations exist to support your return to work or your continued protected leave status. As a potential reasonable accommodation, you have the right to request, in writing, additional paid or unpaid leave. This request must be sent to the Superintendent and will be presented to the Board of Trustees for consideration at its next regularly scheduled meeting.

If, at the conclusion of our interactive process discussions with you, reasonable accommodations do not exist to support your return to work or continued protected leave status, and you have exhausted the statutory leaves of absence available to you, you will be placed on District’s reemployment list for a period of 39 [24 if probationary] months. (Education Code section 44978.1.) You will thereafter receive notification regarding COBRA benefits.

Once you are placed on the District’s medical reemployment list, if you file a release from your physician stating you are medically able to resume the duties of your position during the applicable reemployment period, you will be returned to employment in a position for which you are credentialed and qualified.

If you have any questions or need additional information, please do not hesitate to contact me. I wish you well as you address your current medical situation.

Sincerely,

[DISTRICT ADMINISTRATOR]

***[SAMPLE—TO BE PLACED ON DISTRICT LETTERHEAD AND USED WHEN A CERTIFICATED EMPLOYEE IS ON INDUSTRIAL ACCIDENT OR ILLNESS LEAVE]***

[DATE]

[NAME AND ADDRESS OF EMPLOYEE]

Re: Exhaustion of Available Leaves of Absence

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter will confirm your leave of absence status with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (District). The first day of your industrial accident or illness leave began on \_\_\_\_\_\_\_\_\_\_. As of \_\_\_\_\_\_\_\_\_\_\_\_, you will have exhausted the allowable 60 days of industrial accident or illness leave. As of \_\_\_\_\_\_\_\_, you will have exhausted your sick leave, including accumulated sick leave.

Education Code section 44984 provides that a certificated employee who is absent due to industrial accident or illness shall be entitled to 60 days of industrial accident or illness leave. Further, Education Code section 44977 states that a certificated employee who has exhausted all sick leave, including accumulated sick leave, and continues to be absent from their duties on account of the employee’s own illness or accident, will receive up to an additional period of five (5) school months of extended illness or accident leave. This extended illness or accident leave is to commence once the industrial accident or illness leave is exhausted. During an employee’s extended illness or accident leave, the employee’s salary will be reduced by the amount actually paid a substitute employee employed to fill his or her position during his or her absence or, if no substitute employee was employed, the amount that would have been paid to the substitute had he or she been employed. This is often called “sub-dock” or differential pay.

[This letter will also confirm the District is considering your illness or injury to be a “serious health condition” covered under both the federal Family and Medical Leave Act (“FMLA”) and the California Family Rights Act (“CFRA”). Under FMLA/CFRA, you are eligible for up to 12 weeks of unpaid leave in a 12-month period for your own serious health condition. Your FMLA/CFRA leave started on \_\_\_\_\_\_\_\_\_\_\_ (the first day of your absence). Enclosed are the forms regarding FMLA/CFRA leave.]

Before you exhaust the statutory leaves of absence available to you, we will continue to engage with you in a good faith interactive process under the Fair Employment and Housing Act and the Americans with Disabilities Act, and amendments thereto, to determine whether reasonable accommodations exist to support your return to work or your continued protected leave status. As a potential reasonable accommodation, you have the right to request, in writing, additional paid or unpaid leave. This request must be sent to the Superintendent and will be presented to the Board of Trustees for consideration at its next regularly scheduled meeting.

If, at the conclusion of our interactive process discussions with you, reasonable accommodations do not exist to support your return to work or continued protected leave status, and you have exhausted the statutory leaves of absence available to you, you will be placed on the District’s re-employment list for a period of 39 [24 if probationary] months. (Education Code section 44978.1.) You will thereafter receive notification regarding COBRA benefits.

If you have any questions or need additional information, please do not hesitate to contact me. I wish you well as you address your current medical situation.

Sincerely,

[DISTRICT ADMINISTRATOR]

***[SAMPLE—TO BE PLACED ON DISTRICT LETTERHEAD AND USED TO INVITE CERTIFICATED EMPLOYEE TO AN INTERACTIVE PROCESS MEETING PRIOR TO PLACEMENT ON THE MEDICAL REEMPLOYMENT LIST]***

[DATE]

[NAME AND ADDRESS OF EMPLOYEE]

Re: Interactive Process and Medical Reemployment List

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter will confirm you have been on a medical leave of absence since \_\_\_\_\_\_\_\_\_\_ with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (District). As of \_\_\_\_\_\_\_\_\_\_\_\_\_, you will have exhausted all leave available to you.

As part of our continuing effort to engage with you in a good faith interactive process, we have scheduled an interactive process meeting with you for [date and time] at [location]. At the meeting, we will review your current leave status, any work restrictions as suggested by your healthcare provider (please work with your healthcare provider to provide up to date information), and whether reasonable accommodations exist to support your return to work at this time. As a potential reasonable accommodation, you have the right to request, in writing, additional paid or unpaid leave. This request must be sent to the Superintendent and will be presented to the Board of Trustees for consideration at its next regularly scheduled meeting.

**Please confirm your in-person, telephonic, or Zoom conference availability for this meeting no later than \_\_\_\_\_\_\_\_\_\_ by calling or emailing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

If at the conclusion of our meeting, it is determined that no reasonable accommodations exist to support your return to work, you will be separated from service with District and placed on the 39-month [or 24-month if probationary] medical reemployment list on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You will thereafter receive information regarding COBRA benefits.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

[DISTRICT ADMINISTRATOR]

***[SAMPLE—TO BE PLACED ON DISTRICT LETTERHEAD AND USED TO CONFIRM A CERTIFICATED EMPLOYEE’S PLACEMENT ON THE MEDICAL REEMPLOYMENT LIST]***

[DATE]

[NAME AND ADDRESS OF EMPLOYEE]

Re: Placement on Medical Reemployment List

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter will confirm information already conveyed to you in earlier correspondence and discussions. Specifically, as of \_\_\_\_\_\_\_\_\_\_\_, you will have exhausted all leave available to you. We have engaged in a good faith interactive process, including an interactive process meeting on \_\_\_\_\_\_\_\_\_, and after a review of potential reasonable accommodations, including additional board granted paid or unpaid leave, have determined that no reasonable accommodations exist to support your return to work at this time. Accordingly, you will be separated from service with District and placed on the 39-month [or 24-month if probationary] medical reemployment list on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You will thereafter receive information regarding COBRA benefits.

If you have any questions or need additional information, please do not hesitate to contact me. We wish you well in your future endeavors.

Sincerely,

[DISTRICT ADMINISTRATOR]

***[SAMPLE—TO BE PLACED ON DISTRICT LETTERHEAD AND USED TO CONFIRM A CERTIFICATED EMPLOYEE’S EXHAUSTION OF RIGHTS ON THE MEDICAL REEMPLOYMENT LIST]***

[DATE]

[NAME AND ADDRESS OF EMPLOYEE]

Re: Exhaustion of Rights on Medical Reemployment List

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter will confirm that as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, after a good faith interactive process, you were separated from service with the District and were placed on the District’s 39-month reemployment list [or 24-month reemployment list if probationary certificated employee]. During the applicable 39 [or 24] months, you have not been medically able to return to work.

As of \_\_\_\_\_\_\_\_\_\_\_\_, the 39 [or 24] months will be exhausted. On that date, you will no longer be eligible for preferred reemployment rights with the District. However, should your medical condition improve in the future, please consider submitting an application for vacant positions for which you are credentialed and qualified.

We wish you well in your future endeavors.

Sincerely,

[DISTRICT ADMINISTRATOR]