***[SAMPLE—TO BE PLACED ON DISTRICT LETTERHEAD AND USED WHEN A CLASSIFIED 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 began on \_\_\_\_\_\_\_\_\_ and continues to date. As of \_\_\_\_\_\_\_\_, you [have or will] exhaust[ed] your sick leave, including accumulated sick leave.

Education Code section 45196 and District policy state that a regular classified employee will once a year be credited with a total of 100 working days of paid sick leave, including regular and accumulated paid sick leave days. The days of paid sick leave, which are in addition to the regular and accumulated paid sick leave days (up to 100 working days), will be compensated at 50% of the employee’s regular salary. The 100 working days total of paid sick leave is exclusive of any other paid leave, holidays, vacation, or compensating time that the employee may be entitled.

[This letter will also confirm 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 months. (Education Code section 45195.) You will thereafter receive notification regarding COBRA benefits. Additionally, if you are vested with CalPERS, we will simultaneously file an employer-originated CalPERS disability retirement election application. (Government Code section 21153.) We encourage you to contact CalPERS to obtain additional information on your retirement options.

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 considered for the first vacancy in the classification of your previous assignment. You will not be notified of vacancies until you have filed with District a release to work from your physician.

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 CLASSIFIED 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 45192 provides that an employee in the classified service will receive up to 60 days of industrial accident or illness leave, starting the first day of absence. Further, Education Code section 45196 and District policy state that a regular classified employee will once a year be credited with a total of 100 working days of paid sick leave, including regular and accumulated paid sick leave days. The days of paid sick leave, which are in addition to the regular and accumulated paid sick leave days (up to 100 working days), will be compensated at 50% of the employee’s regular salary. The 100 working days total of paid sick leave is exclusive of any other paid leave, holidays, vacation, or compensating time that the employee may be entitled.

[This letter will also confirm 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 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 reemployment list for a period of 39 [24 if probationary] months. (Education Code section 44978.1.) You will thereafter receive notification regarding COBRA benefits. Additionally, if you are vested with CalPERS, we will simultaneously file an employer-originated CalPERS disability retirement election application. (Government Code section 21153.) We encourage you to contact CalPERS to obtain additional information on your retirement options.

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 CLASSIFIED 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. Additionally, if you are vested with CalPERS, we will simultaneously file an employer-originated CalPERS disability retirement election application. (Government Code section 21153.) We encourage you to contact CalPERS to obtain additional information on your retirement options.

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 CLASSIFIED 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 with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (District). 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. Additionally, if you are vested with CalPERS, we will simultaneously file an employer-originated CalPERS disability retirement election application. (Government Code section 21153.) We encourage you to contact CalPERS to obtain additional information on your retirement options.

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 CLASSIFIED 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 [or 24-month if probationary] reemployment list. 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 qualified.

We wish you well in your future endeavors.

Sincerely,

[DISTRICT ADMINISTRATOR]