***[Letter C —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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District (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]