***[Letter D —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]