

Sample Letter from Health Care Provider Supporting Need for Leave as a Reasonable Accommodation of a Disability Under California Law

(This letter can be used if the employee has exhausted her 4 months of pregnancy or childbirth-related disability leave, but still needs additional leave due to a disability.)

Your Health Care Provider's Letterhead

[Date]

To whom it may concern:

I am the *[treating physician, nurse practitioner, nurse midwife, licensed midwife, clinical psychologist, clinical social worker, licensed marriage or family therapist, licensed acupuncturist, physician assistant, chiropractor, social worker, or health care professional]* for _____ *[Your Name]*.

[Your name] has a medical condition that limits major life activities, including *[fill in relevant "major life activities," such as: concentrating, thinking, interacting with others, communicating, performing manual tasks, walking, standing, lifting, bending, speaking, breathing, reading, seeing, hearing, sleeping, eating, and caring for oneself, or the operation of a major bodily function. "Working" should be listed only if no other activity applies]*.

As a result of this disability, *[Your Name]* is temporarily unable to work. *[She/he]* needs a leave of absence for treatment and recovery. This leave *[began on [date]/is scheduled to begin on [date]]*.

I anticipate that the employee will be able to return to work on _____ *[Your health care provider **must** provide a return-to-work date, even if it must be changed later – an "indefinite" leave of absence without a return-to-work date may not be considered a reasonable accommodation]*.

Thank you.

[Signature]