***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

This letter is to request an update on your current leave status. You are on an approved medical leave from ***<START DATE>*** to ***<END DATE>***. The Department needs an updated medical re-certification regarding the status of your medical leave before ***<DATE>***.

I have enclosed an optional medical certification form that you can have your medical provider complete. We need to know the estimated duration of your leave and when you will be able to return to work. Upon returning to work, you will need to get a full release or let us know if you have any work restrictions. If you have restrictions, we will need to know if the restrictions are temporary or permanent and if temporary, as well as the duration of the restrictions.

Please provide the Department with the requested medical re-certification by ***<DATE>***.

If you have any questions about these forms or your leave, please contact me at ***<565-xxxx>*** or ***<Analyst Name, Disability Management Analyst>*** at ***<565-xxxx>***. More information and copies of the Medical Leave Policy, Disability and Reasonable Accommodation Policy, and the Temporary Transitional Duty Policy, can be found at:

<https://sonomacounty.ca.gov/HR/Disability-Management/Policies/>

***<Dept Designee>***

Enclosures: County of Sonoma Medical Certification for Employees

Cc: ***<DM Analyst Name>***, Disability Management Analyst

 Confidential Medical File