

This document contains personal information and pursuant to Civil Code Section 1798.21 shall be kept confidential in order to protect against unauthorized disclosure. This information will only be used to determine the specific equipment and/or services necessary to consider a reasonable accommodation for qualified individuals with a disability.

Upon receipt, the department will engage in the interactive process promptly and in good faith to identify or implement an effective reasonable accommodation.

A reasonable accommodation provides equal employment opportunity including a pre-employment examination, job interview, and to perform the essential functions of their job. For procedural information and policy compliance, refer to the *CDFW's Operations Manual section 12540 et seq.*

A request for a reasonable accommodation requires medical verification. To ensure confidentiality, medical verification may be sent directly to:

Human Resources Branch Office of Employee Wellness Services P.O. Box 944209 Sacramento, CA 94244-2090	Office of Employee Wellness Services e-mail: EWS@Wildlife.ca.gov
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**MEDICAL VERIFICATION & REQUIREMENTS BY HEALTHCARE PROVIDER**

**A current duty statement and medical substantiation must include the following and are required to determine an effective accommodation. Please do not include a diagnosis or genetic information:**

- A. Define the employee's work limitation and/or restriction, unless the disability is patently obvious, a medical recommendation for reasonable accommodation must accompany this form.
- B. A Healthcare Provider's medical substantiation specification with the signature of the Healthcare Provider.
- C. Legible writing or computer generated on official letterhead or form of the Healthcare Provider or group organization.
- D. Healthcare Provider's professional credentials (M.D., R.N., etc.)
- E. Date of the medical evaluation and the date the verification was written.
- F. Describe how the accommodation will enable the employee to perform the essential functions of the employee's job.
- G. Define the duration of the work limitation and/or restriction (if temporary, an expected termination date is required).

**EMPLOYEE INFORMATION**

Name:(Please print or type)	Classification:	Work Phone:
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Office/Division/Branch:	Work Location:	Reporting Unit/Section:
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Medical verification attached      Medical verification sent to HRB's OEWS on \_\_\_\_\_

Identify whether the work limitation and/or restriction is permanent or temporary. If temporary, the duration for the accommodation is required.

Permanent     Temporary: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name:(Please print or type)	Classification:
Refer to the <i>CDFW Operations Manual section 12540</i> for description of the types of accommodations Check the box for the Type of Accommodation Requested:	
<input type="checkbox"/> Modifying Work Site <input type="checkbox"/> Job Restructuring or Modifying <input type="checkbox"/> Assistive Devices <input type="checkbox"/> Support Services Assistants <input type="checkbox"/> Personal Care Assistants <input type="checkbox"/> Alternate Work Schedule	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Reduced Work Schedule <input type="checkbox"/> Alternative Job Placement (Unable to perform the essential functions of the job) <input type="checkbox"/> Telework <input type="checkbox"/> Other (Describe below):
Briefly explain how this accommodation will provide you an equal employment opportunity to perform the essential functions of the job:	
<b>Manager/Supervisor's Information</b>	
Manager/Supervisor: (Please type or print)	Work Phone:
Manager/Supervisor email	Date Submitted:
Employee's Signature:	Date:
<b>Office of Employee Wellness Services Decision</b>	
<input type="checkbox"/> Approved                      Denied	
<input type="checkbox"/> Modified as follows:	
OEWS Manager Signature:	Date:
<b>EEO Officer Decision (If Appealed)</b>	
Modified as follows (See Attachment)                      Other _____ Denial Upheld (See Attachment)	
EEO Officer Signature:	Date:

If the request for Reasonable Accommodation is denied, a copy of the denial letter shall be sent to the Equal Employment Opportunity (EEO) Office.