***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

I am writing regarding your recent absences from work. We are most concerned for you. You have been on an approved medical leave from <**DATE>** to <**DATE>**. We expected your return on <**DATE>**, in accordance with your Work Status Report dated <**DATE>** from <**NAME OF DOC>**, which stated that you will be <“**QUOTE LAST WORK STATUS**”>. As of **<DATE OF LETTER**>, you still have not returned to work, nor have you responded to our letter requesting re-certification dated **<DATE>.**

Per the County’s Medical Leave policy, it is the employee’s responsibility to provide their Department with timely, complete and sufficient medical certifications, within 15 calendar days after the Department’s request. Additionally, <**ADD IN UNION OF EMPLOYEE, IF THE FOLLOWING APPLIES** >. Memorandum of Understanding and Departmental policy indicate that medical documentation is required for sick leave use of more than 48 hours duration.

As a courtesy, the Department is providing you with a *onetime* extension to provide the appropriate medical certification to cover your leave from **<DATE NOTE EXPIRED>** and continuing. Please provide the Department updated medical certification, on or before **<DATE 7 DAYS FROM TODAY>**.

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.

If you have any questions about these forms or your leave, please contact me at <**YOUR INFO HERE>**. 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