**TEMPLATE LETTER
WORK RESTRICTIONS LETTER FROM DOCTOR**

 **[Date]**

Supporting Need for Accommodation Under ADA or FEHA

Leave of Absence

Your Health Care Provider’s Letterhead

Dear Name,

I am the treating **[job title or description, such as physician, psychiatrist, psychologist, therapist, social worker, case worker, or health care professional]** for **[name of employee or applicant]**.

 **[Name]** has **[optional: name or description of employee’s medical condition,]** a medical condition that **[substantially\*]** limits **[Name]**’s major life activities, including **[fill in relevant major life activities, such as: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, or the operation of major bodily function**].

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

I anticipate that **[Name]** will be able to return to work on **[date]**.

Regards,

Signature and license number