

Certification from Physician/Health Care Provider

Please attach documentation from your health care provider which would include a letter or verification that would address the following:

1. Verification that the employee has a disability (but not the diagnosis).
2. Description of how the employee's limitations impair the ability to perform the duties of the job and indication of whether these limitations are temporary or permanent.
 - a. If temporary, state when they are expected to end.
3. Recommendation of specific reasonable accommodation(s).