

[Date]

Sara P. Walker, Director  
West Virginia Division of Personnel  
Building 6, Room 420  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0139

Re: [Name]

Dear Director Walker:

I am writing to request your approval to deny [Mr./Ms. Name's] request to [return to – OR – continue to] work at less than full duty. [Mr./Ms. Last Name] suffers from a condition which restricts [his/her] ability to perform the essential functions of [his/her] position as a [Classification] for the [Department/Agency Name]. Subsection 14.4.h. of the Division of Personnel's *Administrative Rule*, W. VA. CODE R. §143-1-1 *et seq.*, states, as follows:

(h) Return At Less Than Full Duty –

1. The appointing authority may permit an employee to work or return to work from sick leave, military duty in which the employee was injured or became ill, or medical leave of absence at less than full duty for a period of no more than thirty (30) days, provided that the terms of the return shall be in writing. An employee may request to continue to work at less than full duty beyond the period permitted by the appointing authority. The request must be submitted to the appointing authority at least five (5) days before the end of the period. The appointing authority shall consider the request in the same manner as the original request.
2. The appointing authority, after receiving approval of the Director, may deny the request to return or continue to work at less than full duty under conditions including, but not limited to, the following:
  - a. the employee cannot perform the essential duties of his or her job with or without accommodation;
  - b. the nature of the employee's job is such that it may aggravate the employee's medical condition;
  - c. a significant risk of substantial harm to the health or safety of the employee or others cannot be eliminated or reduced by reasonable accommodation; or,
  - d. the approval of the request would seriously impair the conduct of the agency's business.
3. Prior to making a decision on an employee's request to return or continue to work at less than full duty, the appointing authority and/or the Director may require additional information from the employee's physician or other physician regarding the employee's ability to perform the essential duties of his or her job, with or without accommodation.

Based upon the certification received from **[Mr./Ms. Last Name's]** treating physician on **[date]**, we believe that, with or without accommodation, **[Mr./Ms. Last Name]** cannot perform the essential functions of **[his/her]** job - which entails **[List of Duties – e.g., providing consistent and direct supervision of juvenile offenders in a variety of settings to include but not limited to living units, classroom, recreation, dining hall, medical unit, etc.]**. More specifically, **[he/she]** has been restricted by **[his/her]** treating physician from **[List Restrictions – e.g., having any contact with residents; any use of self-defense techniques; lifting, pushing, or pulling more than ten (10) pounds; and limits upon bending, climbing, squatting, stooping, crawling, and kneeling]**. **[Mr./Ms. Last Name]** cannot perform the aforementioned functions without exceeding the **[permanent]** restrictions specified by **[his/her]** physician and such inability may **[Details - regarding consequences of restriction, e.g., compromise safety, aggravate condition, impair conduct of agency's business, etc.]**.

*[If condition is permanent he or she may not be eligible for medical leave of absence without pay in accordance with subsection 14.8(c) of the Administrative Rule.]*

**[Department/Agency Name]** has initiated the interactive dialogue process regarding reasonable accommodation in accordance with the provisions of the Americans with Disabilities Act Amendments Act.

Should you have any questions regarding this matter, please feel free to contact me at **[number]**.

Sincerely,

**[Authorized Signature]**

**[NOTE: Revised 6/2013. Ensure law, rule, and policy language is current.]**