

Mark Westerburg  
Superintendent

# Willits Unified School District

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May 1, 2018

John Williams  
1712 C South Main Street  
Willits, CA 95490

**Re: Kelly Carter Date of Birth: 7/24/1959**

Dear Dr. Williams,

On April 24, 2018, you provided a brief letter indicating your patient, Kelly Carter is “off work X 3 mths due to illness”.

The District thanks you for your letter. However, to better assess whethis/ her/ theirKelly’s “condition” qualifies as a disability under the Americans with Disabilities Act (“ADA”) and the California Fair Employment and Housing Act (“FEHA”), I am writing to request additional clarification as to whethis/ her/ theirKelly] has any limitations which may affect his/ her/ theirability to perform the essential functions of his/ her/ theirjob as a bus driver].

A brief questionnaire is attached, along with a copy of Kelly’s job description. Please return the completed questionnaire to Willits Unified, and it will be forwarded to my office. Note that the District does not seek information about Kelly’s medical condition or its causes. The District only seeks information about Kelly’s workplace limitations. This information will enable the District, in consultation with Kelly, to determine whethis/ her/ theirshe has a disability, and, if so, whethis/ her/ theirit can be reasonably accommodated by the District.

Thank you for your time, and do not hesitate to contact me with any questions.

Sincerely,

Laura Sleeper  
Human Resources Director

Attachments:  
Questionnaire  
Job Description

## QUESTIONNAIRE

1. Does the employee suffer from a condition which limits his/ her/ their ability to carry out daily functions, including, by way of illustration and not limitation, grooming, cooking, personal hygiene, driving, sleeping, or working? (If yes, please proceed with questionnaire. If no, please sign and date below.)

Yes

No

- a. If the answer to Number 1 is “yes,” what is the likelihood that the condition will cause the employee to be absent from or late to work?

- b. If the condition will cause the employee to be absent from work, please estimate the duration and frequency of absences which will be caused by the condition.

2. In your opinion, can the employee complete the duties listed in his/ her/ their job description without accommodation?

Yes

No

- a. If the answer to Number 2 is “no,” please describe any limitations that the employee may have in performing the duties within his/ her/ their job description (e.g., bending, stooping, standing or sitting for durations, lifting, etc.):

- b. Are there any accommodations which may allow the employee to perform the duties listed in his/ her/ their job description?

Yes

No

- c. If the answer to number 2.b. is “yes,” please list any accommodations which you feel would allow the employee to perform the duties listed in his/ her/ their job description:

d. Would a leave of absence allow the employee to sufficiently rehabilitate so that she could perform the duties listed in his/ her/ their job description?

Yes

No

e. If the answer to Number 2.d is “yes,” please estimate the length of the leave of absence which would allow the employee to adequately rehabilitate.

3. Can the employee perform the duties listed in his/ her/ their job description without risking his/ her/ their safety, or that of other/ her/ their employees?

Yes

No

4. Has the employee been prescribed any medication limiting his/ her/ their ability to perform the duties listed in his/ her/ their job description?

Yes

No

5. If the answer to Number 4 is “yes,” what limitations are caused by using the prescribed medication?

6. Please provide any other/ her/ their information you believe is pertinent to understanding the employee’s limitations:

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_