**Template: Notice of Intent to Medically Separate**

Proof of Service Required

[DATE]

[Employee Name]

[Title]

[Employee Address]

[Employee Email Address]

**Re: Notice of Intent to Medically Separate**

Dear [NAME]:

In accordance with [CBA Article or Personnel Policies for UC Staff Members, PPSM-66: Medical Separation], this is to inform you that effective [DATE – please refer to CBA or policy], I intend to Medically Separate you from your position of [position title], in [department name].

This action is being taken due to [state the reason(s) for the medical separation. *HR Note: To the extent the medical separation is based on a leave of absence no longer being a reasonable accommodation, please include specific tasks within the job description that are impacted and detailed information as to why a leave of absence can no longer be accommodated.*].

You have the right to respond regarding this intended action, either orally or in writing, within [applicable time frame]. You should direct any such response to [Skelly Reviewer’s name].If you wish to make an appointment for the express purpose of orally responding to this notice, please contact the Skelly Reviewer at [phone number]or[email address]. You may also respond in writing via email to [email]**.** Your response must be received by [date].

Sincerely,

[Name of Supervisor]

[Title]

[Department]

Enclosures: Medical Separation Review Request

[Documentation as appropriate]

Proof of Service

cc: [Department Head Name, Title]

[Skelly Reviewer Name, Title]

[Human Resources Business Partner Name, Title]

[Workforce Relations Name, Title]

[Disability Management Specialist Name, Title]