

## APPENDIX 1 – MEDICAL SEPARATION MEMO REVIEW CHECKLIST

Employee Name:

Phone Number:

Payroll Title:

Department:

Department Head:

Phone Number:

1. What are the medical reasons for separation?
  
2. What essential functions of the job can the employee no longer perform with or without an accommodation?  
(Give brief description and attach job description)
  
3. Summarize, all reasonable accommodations or job modifications considered or implemented. Include any reasonable accommodations that were attempted and failed, alternative positions/reassignment. (Attach all appropriate documentation, as applicable.)
  
4. Summarize the interactive process between employee and appropriate individual. (Attach written documentation.)
  
5. Has a Workers' Compensation (WC) claim been filed? Yes  No
6. Has the employee used all leave entitlements? Yes  No

List end dates for those applicable to this employee and notify Payroll/Benefits.

- a.) sick leave end date: \_\_\_\_\_
- b.) Family & Medical Leave end date: \_\_\_\_\_
- c.) (PPSM only) Supplemental Family & Medical Leave end date: \_\_\_\_\_
- d.) (Represented) Entitled Contract Leave end date: \_\_\_\_\_
- e.) (WC only) Extended Sick Leave (supplemental benefits) end date: \_\_\_\_\_

Approval of Medical Separation:

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only

Benefits Analyst: \_\_\_\_\_ Date: \_\_\_\_\_

Risk Manager: \_\_\_\_\_ Date: \_\_\_\_\_

AVC of HR: \_\_\_\_\_ Date: \_\_\_\_\_