DATE: [Date]

TO: [Employee Name]
[Employee ID Number]
[Department]

FROM: [Name of Manager/HR Representative]
[Title]

SUBJECT: Notification of Mandatory Mental Health Fitness for Duty Evaluation

Dear [Employee Name],

This letter serves as formal notification that you are required to undergo a mandatory Mental Health Fitness for Duty Evaluation. This decision has been made based on recent observations and/or reports regarding your behavior in the workplace, specifically: [Briefly list specific objective behaviors or incidents].

The purpose of this evaluation is to determine your functional ability to perform the essential duties of your position safely and effectively, and to ensure the safety of yourself and your colleagues.

Evaluation Details:

- **Provider:** [Name of Licensed Clinician/Practice]
- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Full Address or Telehealth Link]

Scope of the Evaluation:
The evaluation will be limited to determining your fitness for duty and any necessary work-related accommodations. You will be required to sign a release of information allowing the provider to share the results regarding your functional capacity and work status with [Company Name/HR Department]. Detailed clinical notes or private medical history will remain confidential between you and the provider.

Employment Status:
Pending the results of this evaluation, you are [placed on paid administrative leave / assigned to restricted duty], effective [Date]. You are expected to cooperate fully with the evaluation process. Failure to attend this appointment or comply with the evaluation may result in disciplinary action, up to and including termination of employment.

Please contact [HR Contact Name] at [Phone/Email] by [Date/Time] to confirm receipt of this letter and your attendance at the scheduled appointment.

Sincerely,

[Signature]

[Printed Name]
[Title]