DATE: [Date]

TO: [Employee Name]

FROM: [Supervisor Name]

SUBJECT: Notification of Mandatory Fitness for Duty Examination

Dear [Employee Name],

This letter serves as formal notification that you are required to undergo a mandatory Fitness for Duty (FFD) evaluation. This directive is based on recent observations of your behavior or performance in the workplace that raise concerns regarding your ability to safely and effectively perform the essential functions of your position as [Job Title].

Reason for Referral:
The specific observations or incidents leading to this requirement include:
[List specific dates, behaviors, or performance issues here]

Appointment Details:
An appointment has been scheduled for you with the following healthcare provider:
Provider/Clinic Name: [Name]
Address: [Address]
Date: [Date]
Time: [Time]

Instructions:
You are required to attend this appointment. Failure to report for the evaluation or failure to cooperate with the examiner may be considered insubordination and could result in disciplinary action, up to and including termination of employment.

Employment Status:
Effective immediately and until further notice:
[Option A: You are placed on paid administrative leave pending the results of this evaluation.]
[Option B: You are to continue your regular duties with the following temporary restrictions: (List restrictions).]

The results of this evaluation will be handled with strict confidentiality and will only be shared with those individuals who have a business need to know in accordance with applicable laws and company policy. The focus of the report provided to the company will be limited to your functional ability to perform your job duties and any necessary accommodations.

Please sign below to acknowledge receipt of this letter.

Sincerely,

[Supervisor Signature]

[Supervisor Printed Name]

Employee Acknowledgment:

I acknowledge that I have received this letter and understand the requirements set forth above.

Signature: _____ Date: _____