January 17, 2023

**VIA EMAIL**

Navraj Chohan

nlake44@gmail.com

Dear Navraj:

As you know, you have been off work since December 30, 2022, due to a medical condition(s). Recently, you have provided a doctor’s note putting you off from December 30, 2022, with no expected return to work date.

We have interpreted your stated need for additional or extended leave as a request for a reasonable accommodation under the Americans with Disabilities Act and under applicable state law. We wish to engage in an interactive process with you and your health care provider to determine the nature of any restrictions caused by your medical condition(s) and any possible job accommodations that may enable you to perform your essential job functions.

Enclosed is a questionnaire that you should give to your health care provider for response. It is your responsibility to ensure that your health care provider responds completely to the questions in the letter, signs it, and that the completed form is returned to me as soon as possible, and by no later than 7 days from the date of this letter, unless special circumstances require more time. If you have any questions about the questionnaire for your health care provider’s completion or if you believe that your health care provider will not be able to provide a response by the date referenced above, please let me know immediately.

Medical information about you is strictly confidential and will only be disclosed on a restricted, need-to-know basis. Your medical information is kept separate from your personnel file.

You are responsible for communicating and cooperating with the firm, and any health care providers, in an interactive process that will allow the firm to understand the nature of any condition(s) and restriction(s) that impact your ability to perform your essential job functions, and any possible accommodations. This process may involve one or more reviews by health care professionals. We appreciate any additional information and ideas that you can provide concerning your restriction(s) and potential accommodations. Likewise, we also will share our information and ideas with you, as warranted. Failure to timely provide the requested information may result in a determination that you are unwilling to engage in the interactive process and may result in your separation from the firm’s employment.

You should direct any questions or concerns that you have to me at 415-294-0791. **Please be sure to provide your health care provider’s responses to the enclosed questionnaire by no later than January 24, 2023.**

Sincerely,

Jackie Ricci

Labelbox

**415-294-0791**

[**hr@labelbox.com**](mailto:hr@labelbox.com)

Enclosure(s): Letter & Questionnaire to Health Care Provider Requesting Additional Information About Extended Leave

**January 17, 2023**

**VIA EMAIL**

**Dr. Balveen Singh**

**400 West Pueblo Street**

**Santa Barbara, CA 93102**

Re: Navraj Chohan

Dear Dr. Singh,

Labelbox understands that our employee, **Navraj Chohan**, is a patient of yours. **Mr. Chohan** has requested a leave and has been on a leave of absence from Labelbox (the “Company”) due to a medical condition(s) since December 30, 2022. The purpose of this letter is to obtain detailed information from you about any work restrictions caused by this employee’s medical condition(s) and to identify any accommodations that may enable the employee to overcome those restrictions. Therefore, your prompt and detailed attention to this letter is appreciated.

This information is being requested as part of an interactive process and is a process in which an employee is obligated to cooperate. Your patient should authorize you to answer the questions in this letter before you provide responses. Delays in responding to this request may affect this employee’s employment status with the Company.

**Navraj Chohan** is currently employed as a **Senior Engineering Manager.** In this position, the employee is usually scheduled to work  **Monday through Friday**, **9AM-5PM**. Attached is a Job Description for the position, which sets forth the essential functions of the job.

Related to this employee’s leave of absence, we have received a medical note (see attached), indicating that this employee was unable to perform their duties for an unspecific period of time and does not set forth an expected return-to-work date. To assess this employee’s status, please answer the following questions in detail and attach additional pages or information if necessary. For the benefit of your patient and the prompt resolution of their work status, please print or write legibly.Please do not include in your responses any “genetic information,” as described at the bottom of this page.[[1]](#footnote-0)

1. Does this employee have a physical or mental impairment(s) that limits their ability to perform any of the essential functions of theirposition with the Company (as set forth in the attached job description)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is/are the impairment(s) temporary \_\_\_\_ or permanent \_\_\_\_?

If temporary, when will the impairment(s) end, or when do you reasonably predict it/they will end?

If you are unable to reasonably predict when the impairment(s) will end, can you provide a date on which the employee will be revaluated and you will be able to reasonably predict a return to work date?

1. If this employee is restricted in their ability to perform any of the essential functions of their job, describe the restrictions in detail, referencing the attached Job Description, including a description of how this employee is restricted with regard to the job function(s):

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Are these restrictions temporary \_\_\_\_ or permanent \_\_\_\_?

If temporary, when will the restrictions end, or when do you reasonably predict they will end?

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1. If, in response to Question 1 above, you indicated that this employee has a physical or mental impairment(s) that limits their ability to perform any of the essential functions of their job, are there accommodations that you believe will enable them to perform the essential functions of their job?

*(Examples of potential accommodations include job restructuring to eliminate non-essential functions, modified work schedules, modification of work tools or equipment, temporary light duty assignments, and leave of absence, among other things. Please note that the Company retains the discretion to determine whether an accommodation is reasonable and/or whether it would pose an undue hardship to the Company.)*

Yes \_\_\_\_ No \_\_\_\_

If “yes,” please identify and describe all the accommodations in detail and explain why you believe these accommodations will help this employee perform their essential job functions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Accommodations that would permit this employee to return to work immediately or in the near future are an option; however, if there are no accommodations that would enable this employee’s return to work, and you identify (in response to Question No. 3) an extension of this employee’s current leave of absence beyond the anticipated return to work date provided aboveas an accommodation, please respond to the following questions:
2. Please state the date on which you expect this employee to be able to return to work, with or without an on-the-job (non-leave-related) accommodation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

1. If you are unable to predict when this employee will return to work, please explain why you are unable to do so:

\_\_\_\_\_\_

\_\_\_\_\_\_

\_\_\_\_\_\_

\_\_\_\_\_\_

\_\_\_\_\_\_

1. Do you believe, based on your discussions with this employee and/or your assessment of their medical condition, either (a) that another medical provider should also provide information in response to any or all of the questions in this questionnaire, or (b) that another medical provider would be in a better position than you to address these questions?

\_\_\_ Yes \_\_\_ No

If you answered “Yes,” please identify the medical provider (by name and/or by specialty) and explain the reason for your response:

Please provide your response to these questions as soon as possible, but at the latest by **January 24, 2023**, so that we can assess this employee’s request for an accommodation. If you have any questions about this employee’s essential job duties, please email me at hr@labelbox.com. Thank you for your prompt and detailed attention to the information requested in this letter. Please sign this letter below, certifying your responses for us and ensure the completed form is sent back to my attention at [**hr@labelbox.com**](mailto:hr@labelbox.com)

Sincerely,

**Jackie Ricci**

**Labelbox**

**415-294-0791**

**hr@labelbox.com**

cc: **Navraj Chohan**

**CERTIFICATION**

By signing below, I certify that the answers provided in response to the above questions are based on my own personal knowledge of the relevant medical facts from my own examination of the patient/employee or based on my own review of the relevant medical documentation, and my answers represent my professional medical opinion.

Health Care Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Health Care Provider’s Address:

Health Care Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Specialty or Type of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Telephone and Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



1. The Genetic Information Nondiscrimination Act of 2008 (GINA) and similar state law(s) prohibit employers and other covered entities from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with the law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by law, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. [↑](#footnote-ref-0)