*These questions have been developed as a replacement to the retention letter. The Specialist should contact the employer in order to gather this information. This form is an internal document, and should NOT be sent to employers. If you are emailing the employer, please cut and paste the questions only. It is important to ensure that both a release has been signed, and the client is informed that we will be contacting their current employer to gather this information in order to determine qualification for retention services. Once these questions are answered, if the Specialist feels the case qualifies for retention, this information, along with the position description and medical documentation, will be submitted by the Specialist to the Program Director for Counseling.*

**Client:** **Employer:**

1. **Would you be willing to provide a copy of their job description?**

1. **What essential duties does the employee have difficulty performing?**

1. **Has the employee requested an accommodation? If so, were you able to provide this, and what was the result?**

1. **Have the essential duties been changed or removed, or another employee performing some of these duties, even on a temporary basis? If so, how long has this been occurring, and is this a permanent change you want to keep, or would you prefer the employee be able to perform all of the original duties?**

1. **Is there an immediate need for intervention in order for the employee to perform essential job functions?**

**Additional information or comments:**