

Reasonable Accommodation Interactive Process Worksheet

(See HR Policy 3-200 for further info)

The purpose of this form is to document interaction with the employee or applicant and track action items identified and or taken during the interactive process. Please return the completed form to the Human Resources ADA Coordinator within 2 business days of the interactive meeting.

Date: Type of Accommodation (select one): ADA PWFA Religious

Individuals Present:

Items Discussed:

Action Items / Assignments:

Resolution of Action Items:

Job Accommodation Network Input (if applicable):

Accommodation(s) Offered / Provided:

Accommodation Decision Letter / Email Sent: Yes No

Date:

Ergonomic Evaluation Necessary: Yes No

Implemented: Yes No

If **No**, alternate solution offered / provided:

Completed By:

Print Name: