

Interactive Process

Employee: _____ Date: _____

Meeting Participants: _____

Current Position: _____

Work restrictions at this time are: **Permanent** **Temporary**

Work restrictions are: _____

Was the position description provided to you? **Yes** **No**

Have you read the current position description and the essential functions? **Yes** **No**

After reading the essential functions of the position do you believe you can perform all of the essential functions of the position with or without an accommodation? **Yes** **No**

What essential function(s) do you believe you cannot perform or might require an accommodation?

What type of accommodation do you believe would help you perform the essential functions noted above? _____

Your department is: **able** **unable** **requires additional time to review** the reasonable accommodation(s) request.

The following temporary or permanent accommodations:

We are unable to provide reasonable accommodations for the following reasons:

Are there other jobs you believe you are qualified to perform? _____

Employee _____ Date _____

Human Resources _____ Date _____

Witness _____ Date _____

Witness _____ Date _____

Additional Notes:

Follow-up Meetings:

Date: _____

Attendees: _____

Notes/Changes: _____

Initial _____

Date: _____

Attendees: _____

Notes/Changes: _____

Initial _____
