

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 _____