

ADA Accommodation Guide to the Interactive Process

Employee name: _____ Employee ID No.: _____

Employee position: _____ Employee Location: _____

Process supervised by: _____ Position: _____

Participants: _____

NOTES:

- A. Document every step in this process, including discussions, information gathered, and decisions.
- B. The purpose of the interactive process is to identify an accommodation that is reasonable and effective, and does not impose an undue hardship on the employer.
- C. The interactive accommodation process must be flexible and suited to the employee's and employer's situations. This Guide is intended as an aid to the process and not a set of rules.
- D. In many cases the employee's disability and limitations are relatively obvious and it is simple to identify an appropriate accommodation, and/or to determine that the identified accommodation will not impose an undue hardship. In such event the employer does not have to – and should not – complete every step of the process outlined below.
- E. Once an accommodation is determined and implemented, be sure to document the decision reached. Then, monitor the effectiveness of the accommodation periodically after its implementation.
- F. **The employer's accommodation obligation is ongoing.** If an accommodation is no longer effective (e.g., if the employee's condition changes) the employer has the obligation to engage in the ADA interactive process again to determine whether a change of the accommodation is warranted.

INTERACTIVE ACCOMMODATION PROCESS:

1. Accommodation request received or accommodation identified:

a. Date received: _____

b. Who made the request or identified the need? _____

c. Method of request (written, phone, in person, etc.): _____

d. Type of accommodation requested: _____

2. Initiate communications with employee.

a. Date: _____

b. Does the employee have a disability? If so, what is it: _____

c. What limitations or restrictions does the disability impose on the employee? _____

d. Anticipated duration of the limitations: _____

e. Essential functions of employee's position (attach job description or similar):

i. Per existing job description: _____

ii. Opinions of essential functions as actually performed in the workplace:

Employee: _____

Employee's supervisor: _____

Human resources: _____

Determination of essential functions: _____

iii. How do the employee's limitations or restrictions affect the employee's ability to perform the essential and/or marginal functions of his/her position? _____

3. Is medical documentation needed to identify or substantiate the employee's disability, limitations, and effective accommodations? If so, check each step below when completed:

a. Is the employee's disability/impairment and need for an accommodation obvious?

Yes _____ No _____ If yes, do not request medical information.

b. _____ Provide ADA Medical Assessment Form and medical authorization form to employee. (Include GINA language on each.)

c. _____ Obtain employee's signature on medical authorization form.

d. _____ Notify employee of deadline for return of medical forms, and explain the consequences of failure to return the form. Due date: _____

4. Assess medical information when received:

a. Does medical information support the existence of disability and need for an accommodation? Yes _____ No _____ Explain: _____

b. Is clarification or supplementation is needed? Describe: _____

c. Discuss medical information with employee, even if answer to Question 4.a., above, is “No”.

Date: _____ Participants: _____

d. Contact with employee’s health care provider:

i. Provide employee with letter to provider for clarification or supplementation if necessary. N/A: _____ **--OR--** Due date for return of information: _____

--OR--

ii. Has employee granted permission to contact provider directly:

No _____ Obtain medical information only through employee.

Yes _____ Is medical authorization signed by employee? Yes _____ No _____

Describe contact with medical provider (date, name, content of conversation): _____

5. Based on the medical and other pertinent information received, discuss with employee:

a. Date of discussion: _____ Participants: _____

Content of discussion: _____

6. **Accommodation suggestions:** For each suggested accommodation under consideration, identify whether it is:

- **Reasonable:** Plausible or feasible in the ordinary course of things.
- **Effective:** Enables the employee to perform the essential functions of the job.

- **Imposes an Undue Hardship:** Creates a significant difficulty or expense (unduly extensive, substantial, disruptive, or would fundamentally alter the nature of the business operation). Include specific facts, amounts, and considerations as evidence of undue hardship. Generalities and assumptions are not adequate.
- Use additional pages and attach supporting documentation if necessary.

a. Accommodation suggestion and analysis: _____

Reasonable: _____

Effective: _____

Undue hardship: _____

b. Accommodation suggestion and analysis: _____

Reasonable: _____

Effective: _____

Undue hardship: _____

7. The accommodation determination.

a. Employer's preferred accommodation and reasons: _____

b. Employee's preferred accommodation and reasons: _____

c. Decision and reasons: _____

d. Discuss and communicate the decision to the employee. Date: _____

Participants: _____

Content of discussion: _____

8. Implementation plan:

a. Date of implementation: _____

b. Anticipated duration of accommodation: _____

c. Notification to and discussion with

i. Employee's supervisor: _____ Date: _____

Comments/discussion: _____

ii. Human resources representative: _____ Date: _____

Comments/discussion: _____

9. Follow up and monitor.

a. Follow up shortly after implementation of the accommodation. Date: _____

Is accommodation effective? Any problems? Results/discussion with employee: _____

b. Schedule for periodic follow-up: Is accommodation still effective and not an undue hardship?

i. Date: _____ Comments: _____

ii. Date: _____ Comments: _____

iii. Date: _____ Comments: _____

10. Leave as an accommodation – special considerations:

a. Expected return---to---work date: _____

b. Date for employee to confirm RTW date: _____

c. Follow---up/monitoring: Employee may be required to provide status reports periodically during leave if required by employer’s general leave of absence policies. Instructions to employee for status reports (dates/frequency): _____

d. Is employee able to end leave and return to work with a workplace accommodation (*e.g.*, modified schedule, special equipment, or relief from marginal duties)? _____

11. Consider an interim/temporary accommodation – if it will take time to gather information and appropriately evaluate suggested accommodations, an interim accommodation may be in order.

a. Examples: modified schedule, temporary leave, temporary change in equipment, furniture, or workspace

b. Reason: avoid having employee in an unsafe or unproductive situation, or subject to co---worker issues

12. Does the employee present a direct threat of harm to himself or others? Factors to consider

(attach documentation, if available):

What is the specific risk? _____

How significant and probable is the risk? _____

What is the expected duration of the risk? _____

What specific harm could result from the risk? _____

Is the threat of harm substantial, serious and imminent? Describe: _____

Can the risk or the harm be reduced by a reasonable accommodation? If yes, what accommodation? (Follow above accommodation process if needed.) _____
