



## Reasonable Accommodation and Interactive Process Record

<b>Employee/Applicant Needing Accommodation</b>	<b>Phone Number</b>	<b>Supervisor/Hiring Manager</b>	<b>Phone Number</b>
<b>How and when did the District become aware of the need for a reasonable accommodation?</b>			
<b>What accommodation was requested by the employee or applicant?</b>			
<b>What essential duties require accommodation?</b>			
<b>Health care provider certification attached?</b> <input type="checkbox"/> Yes, additional information was needed <input type="checkbox"/> No, the employee's disability and need for accommodation are obvious			
<b>Dates and outcome of meetings with employee?</b>			
<b>Accommodation(s) offered to employee?</b> <input type="checkbox"/> Yes, accommodation was accepted <input type="checkbox"/> Yes, but accommodation was rejected/declined <input type="checkbox"/> No, the disability poses a direct threat <input type="checkbox"/> No, employee refused to provide sufficient information <input type="checkbox"/> No, see below <input type="checkbox"/> No, accommodation would require removal of essential function			
<i>If the accommodation granted is different than the accommodation requested by the employee or applicant, please explain, on a separate and attached page, how the granted accommodation differs than the requested accommodation and why the accommodation granted was chosen.</i>			

This form was completed and prepared by:

Name/Title/Signature

Date

<b>Follow-up with the employee after trial period</b> (Is the accommodation sufficiently effective so that the employee may perform his/her essential functions? If not, what are the next steps?)	
<b>Name of Person Checking-in</b>	<b>Date of Check-in</b>