

# 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: \_\_\_\_\_

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

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