**Interactive Process Checklist**

All Steps of the Interactive Process Must be documented (this will be done by the HR/ADA Coordinator or the Employee’s Supervisor).

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| STEP |  | DATE COMPLETED |
| 1 | The employee requests an accommodation from his/her supervisor, or the supervisor observes a need for one or is advised through 3rd party. ***Note 1*** |  |
| 2 | Supervisor contacts the ADA Coordinator (i.e. Executive Director, Business Manager or HR Director) for consultation and information. |  |
| 3 | Give the employee the following two forms with instructions to return the completed forms to the ADA Coordinator. |  |
| 3a | Employee Request for Disability-Related Accommodation Form should be given to and filled out by the employee; and, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Form Rec’d from Employee |
| 3b | Health Care Provider Inquiry Form should be completed by the employee’s medical provider.  ***DIRECT CONTACT WITH THE HEALTH CARE PROVIDER IS NOT PERMITTED*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Form Rec’d from Employee |
| 4 | The ADA Coordinator will issue a memo to the manager/supervisor, copying the employee and the appropriate administrative staff, indicating whether the employee’s condition meets the FEHA requirements for limitations for a disabling condition and if so, instructing the manager that the Interactive Process will be initiated. The ADA Coordinator opens a confidential file where all the employee’s documentation is eventually stored. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Memo Sent |
| 5 | Upon receipt of the memo, analyze the employee’s job functions and make two lists: |  |
| 5a | A list of the employee’s essential tasks; and, |  |
| 5b | A list of his/her non-essential tasks |  |
| 6 | Meet with the employee to: ***Note 2*** |  |
| 6a | Identify the employee’s precise job limitations and/or restrictions; |  |
| 6b | Identify possible accommodations; and |  |
| 6c | Assess how each accommodation will enable the employee to perform the job functions which they are limited in performing. |  |
|  | In making these identifications and assessments, both the employee and the medical provider’s input should be considered. **Do not ask about the employee’s impairments.** Ask only about limitations and only **job-related limitations.**  Ask about the details of the limitations, (i.e., what the employee can and cannot do). Suggested limitations are listed at the Job Accommodations Network (JAN), at [www.jan.wvu.edu](http://www.jan.wvu.edu), and the U.S. Department of Labor web sites. Any limitation with substantiated documentation is eventually stored in the confidential file maintained by the ADA Coordinator. Record the specifics of the consultation. ***Note 3*** |  |
| 7 | If the employee does not consider the proposed accommodation reasonable, meet with the Director/HR Director/Accommodation Specialist to discuss possible alternatives. ***Note 2*** |  |
| 8 | Implement the accommodation |  |
| 9 | Keep all documentation of the Interactive Process in a separate file under the employee’s name (not in the general personnel file). |  |
| 10 | Do periodic monitoring of accommodation and communicate with employee |  |
| 11 | Calendar expected end date and communicate with employee |  |
| 12 | Consult with an attorney before denying a reasonable accommodation request based on undue hardship |  |
| 13 | Ensure that employees who request reasonable accommodations are not retaliated against |  |