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REQUEST FOR ACCOMMODATION INTERACTIVE PROCESS CHECKLIST

FORM TO BE COMPLETED BY MANAGER

Company is committed to creating a rewarding place for our employees to work. From time to time, an employee may not be able to perform all of the duties of his or her job without a reasonable accommodation. We engage in an interactive process with employees to explore accommodations that allow them to continue to work without creating an undue hardship on Company. This form is designed to assist you in that process and in documenting your conversations with the employee and your Human Resources representative and the assessment of possible accommodations.

Employee Name: _____

Job Title: _____

Work Location: _____

Request Date: _____

Name of Manager Completing Checklist: _____

STEP 1 -- The Interactive Conversation. The manager should have a meeting or series of meetings with the employee to discuss the request for accommodation, the work restrictions and identify reasonable accommodations, if any, to permit the employee to perform all of the essential job functions. This should be a two-way conversation with the objective of finding an effective accommodation that would permit the employee to perform the essential functions of a job. **The manager should take notes on the “Interactive Process Checklist” any time they talk to the employee regarding these issues.** The checklist and any notes should be maintained in a separate confidential medical file for that employee. Before meeting with the employee, review the employee’s current job description and any available physical job analysis for the position in question. Identify the essential and non-essential functions of the job duties and purpose(s) for which the job exists.

The manager should ask the following questions during the interactive conversations. (NOTE: You may need to ask follow-up questions based on the information provided by the employee.)

Check once complete:

_____ **Review the job description with the employee and identify the essential functions of the employee’s position.** (NOTE: Essential functions should be determined prior to the meeting).

Summarize your discussion here:

_____ **Please describe your work restrictions or limitations in light of these essential functions. What can you do? What can you not do? What do you find challenging?**

Summarize your discussion here:

_____ **How long do you think you will have each of these restrictions?**

Summarize your discussion here:

_____ **Do you see any barriers or difficulties in performing the essential functions of your job with these restrictions or limitations? What difficulties?**

Summarize your discussion here:

_____ **What type of accommodations are you requesting?**

Summarize your discussion here:

_____ **Are there other accommodations which would effectively enable you to perform the essential functions of your job?** (NOTE: Either the employee or the manager may suggest such additional accommodation. The following is a list of possible accommodations (the list is not exhaustive): redesign of essential job function; modified work duties; part-time or modified work schedule; shift change; leave of absence; transfer to vacant position if qualified; create light duty; special equipment or other resource.)

Summarize your discussion here (and list the possible accommodations):

_____ **Are any of the above-identified, possible accommodations reasonable? List the accommodation, assess if reasonable, and, if not, explain why not. For example, explain if the accommodation is not reasonable because it would eliminate the reason for the position or essential functions of the job, or because it would impact on operations or the ability of other employees to perform their duties and/or Company's ability to conduct business.**

Summarize your discussion here:

_____ **Do you have any documentation from a health care provider identifying your work restrictions?** [If YES, please obtain a copy of such documentation. If NO, consider whether it is appropriate to require employee to obtain such documentation or to send employee to Company-selected doctor to obtain documentation.]

_____ YES

_____ NO

At the end of the interview, advise the employee that you must consider the possibilities and talk with others, including Human Resources. Provide the employee with a reasonable turnaround for the discussion. A good rule of thumb is three (3) business days.

STEP 2 -- Review of Initial Interview. Use the questions and your answers to help you create a possible solution or explain why you cannot accommodate a request.

- (1) Based on what you now know from the employee, what accommodations/changes could you make in work duties?
- (2) What equipment could we offer to provide?
- (3) Was the employee open to a job change?
- (4) Would a change in schedule solve the problem?
- (5) If an accommodation was a leave of absence, how long could you hold the employee's position open?
- (6) What is the impact on operations if you approved this accommodation?
- (7) Have you made or denied similar accommodations with other employees in the past?
- (8) If other employees with similar needs asked for this accommodation, what impact would that have on your operations?
- (9) If you feel that you cannot accommodate this request, be prepared to explain your reasoning.

Check the box that best describes your proposed solution:

- | | |
|--|--|
| <input type="checkbox"/> Modified Work Duties | <input type="checkbox"/> Leave of Absence |
| <input type="checkbox"/> Special Equipment or other Resource | <input type="checkbox"/> Cannot Accommodate Request |
| <input type="checkbox"/> Schedule Change | <input type="checkbox"/> Need Further Guidance from HR |
| <input type="checkbox"/> Job Change | |

Describe the proposed accommodation, if applicable, here:

STEP 3 – Human Resources Review and Approval. Send this completed form to your Human Resources representative. Your Human Resources representative will contact you to discuss and determine next steps. If Human Resources approves, your representative will contact you to discuss how to discuss with the employee and move forward with the accommodation, or if you determined you cannot accommodate, to help share that information with the employee. Human Resources may contact you for more information. Be prepared to meet with the employee in a second discussion or to provide a second solution. Where we cannot find a reasonable accommodation, your Human Resources representative will help you share this news with the employee.

If you have any questions about this form, please contact: William E. Grob | Tampa, FL | Telephone: 813-221-7228 | E-mail: william.grob@ogletree.com

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