

INTERACTIVE PROCESS FORM

Employee Name: _____ Interactive Process Date: _____

Job Title: _____

Witnesses: _____

Reason Interactive Process Initiated: _____

Does the Employee have any work restrictions (Attached - Yes/No): _____

What are the essential job functions (Job Description Attached - Yes/No): _____

What accommodations were requested/suggested by Employee: _____

What accommodations were suggested by the Company: _____

What accommodations were agreed to by Employee and the Company: _____

Next follow up (if any): _____

Additional Comments (Employee): _____

Additional Comments (Company): _____

Acknowledgment

I certify that the above information is true and correct and that I do not have any additional information not herein included.

Employee Signature: _____ Date: _____

Company Representative: _____ Date: _____