

## Accommodation Interactive Process Form

<b>Applicant or Employee Name:</b>	
<b>Today's Date:</b>	<b>Applicant or Employee Telephone No.:</b>
<b>Date of Request:</b>	<b>Employee Bldg./Dept.:</b>
<b>Person Who Received Request:</b>	
<b>Bldg./Dept.:</b>	<b>Telephone No.:</b>

**ACCOMMODATION REQUESTED:** Be as specific as possible (e.g., adaptive equipment, reader, interpreter, etc.)

**REASON FOR REQUEST:** If accommodation is time sensitive, please explain.

**RECORD OF COMMUNICATIONS:** Please summarize all conversations had regarding the request for an accommodation. Add entries as needed.

**Date:**

**Parties:**

**Notes:**

**Action Items or Determination:**

*Note: Do not include medical information on this form. Place all documentation in the employee's central file.*