

Supervisor's Checklist for the Interactive Process

(All Steps of the Interactive Process Must Be Documented)

Steps:

1. The employee requests an accommodation from his/her supervisor, or the supervisor observes a need for one.
2. Give the employee the following two forms with instructions to return the completed forms below to the Office of Equity and Diversity.

[The Disability Related Accommodations Request Form.](#)

The form should be filled out by the employee and signed by the supervisor acknowledging receipt of the employee's request for a reasonable accommodation. Date Completed: _____

[The Medical Provider Inquiry Form \(MPIF\).](#)

This form should be completed by the employee's medical provider and returned directly to the Office of Equity and Diversity. Date Completed: _____

Direct contact with the medical provider is not permitted.

3. Upon receipt and following review of the Request Form, MPIF and/or any other medical documentation, if E&D determines that the employee has a disability that the University is required to attempt to accommodate, the ADA Coordinator will issue a memorandum (memo) to the supervisor/manager with a copy to the Human Resources Associate Director for Benefits Administration and Workers' Compensation (HR), indicating that the employee's condition meets the regulatory requirements for limitations for a disabling condition. The supervisor/manager is then instructed to contact HR within 48 hours of receipt of the memorandum and to initiate the Interactive Process. The ADA Coordinator opens a confidential file where all of the employee's two required forms are housed and stored. Date Completed: _____

Date Contacted HR: _____

4. Upon receipt of the memo, analyze the employee's job functions and make two lists: A list of the employee's essential tasks; and a list of his/her non-essential tasks.

Date Memo Received: _____

5. Meet with the employee to:

- a. Identify the employee's precise job limitations and/or restrictions;
- b. Identify possible accommodations and alternatives; and

- c. Assess how each accommodation will enable the employee to perform the job functions which they are limited in performing. Date of IP Meeting: _____

Bring the following with you to the meeting:

- a. Your list of the employee's essential and non-essential tasks;
 - b. A copy of the employee's job description;
 - c. The Interactive Process Meeting Guide;
 - d. The Interactive Process Meeting Summary.
- 6. Schedule a follow-up meeting to follow up on the effectiveness of the agreed-upon, reasonable accommodation. Date of Follow-Up: _____
 - 7. Implement the accommodation(s). Date Implemented: _____
 - 8. Provide a copy of the 5(D,E,F,G) to HR's Associate Director of Benefits Administration & Workers' Compensation. Date Provided: _____
 - 9. Meet with the employee to follow up on the effectiveness of the agreed-upon, reasonable accommodation and discuss any changes regarding the employee's functional, job-related limitations and/or modifications to the accommodation. Date of Follow-Up: _____