

**County of Fresno  
Interactive Process Record Keeping Form**

**Non-Industrial Injury/Illness Temporary Restrictions**

This form is intended to document the interactive process. A subsequent form should be completed whenever there is a change in work restrictions or a need to review accommodations.

<b>Employee Name</b>	<b>Job Classification</b>
<b>Employee ID#</b>	<b>Date of Injury</b>
<b>Name and Title of Manager/Supervisor/Department Personnel Representative completing form</b>	<b>Department/Work Unit</b>

**STEP 1: Determine if the individual is a qualified employee with a disability as per ADA/FEHA guidelines. If it is determined that the employee has an injury/illness that may require a temporary reasonable accommodation proceed with the interactive meeting(s). Should medical documentation be incomplete or unclear, provide the following documents to the employee to seek clarification from the medical provider.**

A. ADA/FEHA cover letter:

The letter should include a deadline by which this supporting documentation must be returned to department (allow at least 10 working days). You may also include the information related to when the interactive meeting will be scheduled.

B. ADA/FEHA form to be completed and signed by treating health care provider.

C. Essential Functions Inventory Form (EFIF)

**STEP 2: Identify the essential functions of the position.**

Employee's job classification essential functions form is complete. Date completed: \_\_\_\_\_

Employee's immediate supervisor has been consulted in verifying the essential functions.  Yes  No

**Attach Essential Functions Inventory Form to this document.**

**STEP 3: Identify the employee's impairment and/or disability, work limitations and restrictions.**

**Attach medical documentation identifying the employee's impairment and/or disability and work limitations and/or restrictions.**

**STEP 4: Schedule the interactive meeting.**

Date of written/verbal notification to employee: \_\_\_\_\_ Date of meeting: \_\_\_\_\_

Prepare for the interactive meeting, assemble and review all reports, EFIF, identify additional information that may be required.

**STEP 5: Conduct interactive meeting using page 4 of this document.**

**STEP 6: Assess potential temporary accommodations and documentation.**

Was it necessary to gather additional medical information?  Yes  No

What additional information was required of the employee?

**County of Fresno**  
**Interactive Process Record Keeping Form**

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Was a temporary reasonable accommodation determined during the interactive meeting?  Yes  No  
If yes, describe the temporary accommodation agreed upon. Utilize additional pages if necessary.  
If no, explain why an accommodation could not be provided. Utilize additional pages if necessary.

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Check here if the employee refused an offered accommodation.

Which accommodation was refused? \_\_\_\_\_

Are additional interactive meetings required?  Yes  No

If yes, when is the next meeting scheduled? \_\_\_\_\_

Date Interactive Meeting Summary Letter sent to employee: \_\_\_\_\_

Document each subsequent interactive meeting on the Interactive Process Record Keeping Form, page 4.

**Complete Step 7 only if the individual is a qualified employee with a disability as per ADA/FEHA guidelines and no temporary accommodations have been identified that would permit performance of his/her job. Temporary reassignment to another job (if no funding issues exist), or other temporary tasks, may then be a reasonable accommodation.**

**STEP 7: Seek alternate temporary position(s) or other temporary tasks within the employee's department.**

List all vacant positions for which employee met minimum qualifications and could reasonably accommodate the temporary restrictions. Also list other temporary tasks that could reasonably accommodate the temporary restrictions.

Vacant Position/Other Tasks	Notes

**Identify and attach the essential functions of each position.**

**Conduct interactive meeting for vacant positions or other temporary tasks within the employee's department using page 4 of this document.**

Was a temporary accommodation in a vacant position or other task agreed upon?  Yes  No

If yes, which temporary accommodation(s) in which vacant position or other task was agreed upon?

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Date temporary reasonable accommodation(s) for a vacant position or other task started: \_\_\_\_\_

County of Fresno  
Interactive Process Record Keeping Form

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Did the employee decline and/or refuse any temporary accommodation for vacant position(s) offered?

Yes  No

If yes, date/time: \_\_\_\_\_

Include any additional information:

If no temporary reasonable accommodation is found, summarize all efforts taken and why a temporary reasonable accommodation was not selected:

Was employee placed on Leave of Absence (LOA)?  Yes  No

Date employee was placed on LOA: \_\_\_\_\_

Length of LOA: \_\_\_\_\_

Date Interactive Meeting Summary Letter, summarizing the process and conclusion of the process, was provided to employee:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and title of representative completing form

\_\_\_\_\_  
Date

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A. Discuss the employee's job to determine its essential functions.

Is an essential function in question? Yes No If yes, which one(s)?

B. Discuss the work restrictions and how they may affect the employee's ability to perform the essential function(s).

C. Identify potential accommodation(s) that would enable him/her to perform the essential functions of his/her position.

D. Identify other potential tasks that can temporarily, reasonably accommodate the employee's restrictions.

E. If several potential accommodations have been identified, discuss each accommodation to determine the best options for possible accommodation(s).

F. List the names of all persons present during the interactive meeting.