

## INTERACTIVE PROCESS WORKSHEET

*The purpose of this form is to document each interaction with the employee applicant and memorialize action items identified during the interactive process.*

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Date: \_\_\_\_\_

Individuals Present: \_\_\_\_\_

Items Discussed: \_\_\_\_\_

Action Items/Assignments: \_\_\_\_\_

Resolution of Action Items: \_\_\_\_\_

Job Accommodation Network Input: \_\_\_\_\_

Accommodation(s) Offered/Provided: \_\_\_\_\_

Ergonomic Evaluation Necessary: Y\_\_\_ N

Implemented: Y\_\_\_ N\_\_\_ If no, alternate solution provided: \_\_\_\_\_

If denying an accommodation was Risk Management Consulted and did they concur?

Y\_\_\_ N\_\_\_ Date: \_\_\_\_\_ Risk Recommendations: \_\_\_\_\_

Completed by: Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_