

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

**Industrial Injury/Illness Permanent Restrictions**

This form is intended to document the interactive process with an employee who requires reasonable accommodation for his/her permanent work restrictions.

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

**STEP 1: Determine if the employee 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 reasonable accommodation proceed with the interactive meeting(s). Should clarification be needed from the physician regarding work restrictions, the claims examiner and/or Risk Management will request it from the medical provider.**

**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 Permanent Work Restrictions documentation.**

**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 accommodations and documentation.**

Was it necessary to gather additional medical information?  Yes  No

What additional information was required of the employee?

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Was a permanent reasonable accommodation determined during the interactive meeting?  Yes  No  
If yes, describe the 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 accommodations have been identified that would permit performance of his/her job. Reassignment to another job (if no funding issues exist) may then be a reasonable accommodation.**

**STEP 7: Seek an alternate position within the employee's department.**

Employee must complete an updated application in order to determine if he/she meets the minimum qualifications for alternate, vacant positions.

Assess departmental (internal) vacancies: Assessment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

List all vacant positions for which the employee meets the minimum qualifications.

Vacant Position	Notes

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

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

Was a permanent accommodation in a vacant position agreed upon?  Yes  No

If yes, which permanent accommodation(s) in which vacant position was agreed upon?

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Date permanent reasonable accommodation(s) for a vacant position started: \_\_\_\_\_

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**Did the employee decline and/or refuse any accommodation(s) for vacant position(s) offered?  Yes  No**

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

Include any additional information:

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

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

\_\_\_\_\_  
Date

**Step 8: Contact Risk Management for assistance in conducting a search for an alternate position in another department throughout the County of Fresno.**

If, after conducting a vacant position search, no reasonable accommodations were identified, Risk Management will assist in attempting to place the injured/ill employee in an alternate assignment in another department throughout the County of Fresno.

If a vacant position in another County of Fresno department is identified that can reasonably accommodate the employee's permanent restrictions, both departments will work together with Human Resources to facilitate an effective transfer.

If the search in other county of Fresno departments does not identify an accommodation, the home department will process the employee according to County policies and procedures. If no reasonable accommodation can be made, the department will consult with County Counsel to consider other options.

\_\_\_\_\_  
Signature and title of representative completing the 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. If several potential accommodations have been identified, discuss each accommodation to determine the best options for possible accommodation(s).

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