

County of Fresno
Interactive Process Record Keeping Form

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.

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

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 temporary 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 Work Status Report 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?

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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.

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?

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

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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 in the employee's home department was not selected:

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

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

If a temporary position in another County of Fresno department is identified that can reasonably accommodate the employee's temporary restrictions then Risk Management will notify the home department to facilitate the placement.

If the search in other County of Fresno departments does not identify an accommodation then Risk Management will notify the home department so that the department can proceed with a leave of absence as a reasonable accommodation.

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.