

ADA Reasonable Accommodation Interactive Meeting Notes

Employee Name _____ Meeting Date _____

Employee Position _____ Meeting
Location _____

Parties Present _____

► **MEDICAL REPORT(S) REFERENCED**

► **WORK RESTRICTIONS TO BE DISCUSSED**

► **DISCUSSION SUMMARY**

The following individuals were in attendance at this Accommodation Meeting/Interactive Meeting and are in agreement with the above documentation of events that took place.

Signatures:

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Printed Name _____ Signature _____

ADA Coordinator Name _____ ADA Coordinator
Signature _____