

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
RECORD OF INTERACTIVE PROCESS**

Directions: To be completed by the administrators, managers, supervisor, and employee/applicant. Please review the class description or job analysis with the employee/applicant. Review the medical documentation from the employee/applicant with work limitations and the duration. The District does not require the employee/applicant's diagnosis, only work limitation and duration. If you have any questions, please refer to the Reasonable Accommodation Bulletin 4569.4 or the Reasonable Accommodation program and your Collective Bargaining Agreement for additional information. The Division of Risk Management & Insurance Services does not need a copy of Attachment A if the worksite can accommodate the employee/applicant. Please retain a copy for your records.

<b>Section I – Employee/Applicant Information</b>			
Name of Employee/Applicant	Employee/Applicant Number	Work Number	
Classification Title	Worksite	Region	Email Address
Does the employee/applicant have a previous reasonable accommodation request on file?    No    Yes, date: _____			

<b>Section II – Documentation of Interactive Process (attach additional sheet(s) if necessary)</b>
a) Date(s) of meeting with employee/applicant (in person, phone, or virtually):
b) Reason for request (Please do not disclose your diagnosis; explain your disability-related limitations and how this accommodation will help complete your essential job functions.)
c) What job functions are you unable to perform due to your symptoms or work limitations?
d) List all potential reasonable accommodations identified in the interactive process.

<b>Section III – Outcome of Interactive Process</b>
Were informal accommodations recommended and provided by the worksite?            Yes            No
Explain:

<b>Section IV – Certification</b>			
Print Name of Site Administrator/Supervisor	Title of Site Administrator/Supervisor	Phone Number	
	Work Site	Email Address	Date