RAR FORM 6.

RECORD OF INTERACTIVE PROCESS

_____   _____
Case Number   Date Received by Program Manager

_____   _____
Requestor   Decision Maker

_____   _____
ADR Facilitator (*if none, leave blank*)   Date/Dates of Interactive Process

Affected Essential Functions of the Position:

Requested Reasonable Accommodation:

Options for Reasonable Accommodation Discussed:

Date of Conclusion of Interactive Process:

Signatures:

_____   _____
Requestor   Decision Maker
Date: _____   Date: _____

_____
Facilitator
Date: _____