

Interactive Process Meeting Notes	
Employee Requesting Accommodation:	
Employee ID:	
Meeting Date:	DOI:
Meeting Participants:	
Summary of Restrictions: Date of Physician's Work Status Report:	
Requested Accommodation(s):	
Notes:	
Meeting Outcome, including duration of agreed upon accommodation and/or time frame for next review.	
Date of next Follow-up Appt:	
Meeting Participant Signatures	