



N.C. DEPARTMENT OF PUBLIC SAFETY
ADA COORDINATOR'S CHECKLIST

Enclosures:

- _____ RRA (include any and all related to request)
- _____ Copy of letters sent to physician(s)
- _____ Initial request for medical information.
- _____ First follow-up letter to physician(s) sent two (2) weeks after initial letter with carbon copy to employee, if no response has been received.
- _____ Follow-up letter to employee sent at the same time as the first follow-up letter to physician(s).
- _____ Second follow-up letter to physician(s) sent two (2) weeks after first follow-up with carbon copy to employee, if no response has been received to initial letter or first follow-up letter.
- _____ Physician(s)' response to facility's initial letter requesting medical information.
- _____ Essential job functions completed by physician(s).
- _____ Any and all medical information relevant to employee's request for accommodation.
- _____ Coordinator's log.

Signed by: _____ Date: _____

ADA Coordinator

_____ Date: _____

Region Reviewing Authority
(if applicable)