

Office of the State Americans with Disabilities Act Coordinator (OSADAC)

MANDATORY ADA ANNUAL REPORT FORM

For Calendar Year: _____

Each executive branch state agency shall submit an annual report regarding the agency's compliance with the OSADAC's statutory provisions (La. R.S. 46:2595-2596). This includes compliance with mandatory training requirements, administration of the ADA accommodation process, and ADA-related legal matters. The data provided shall not include personally identifying information such as requestor's name or references to confidential medical conditions or impairments. Agencies shall submit the annual report by February 1st of each year for the previous calendar year using the Mandatory ADA Annual Report Form, which is available on the OSADAC website at <https://www.doa.la.gov/office-of-state-ada-coordinator/>.





Attach a separate sheet of paper if additional space is needed.

AGENCY INFORMATION

List ALL agency names for which data is being reported.

Agency Name(s): _____

TRAINING COMPLIANCE

Total # of Agency ADA Coordinators: (as of 12/31) _____		Total # of Supervisors: (as of 12/31) _____	
1. # of Agency ADA Coordinators due for training in calendar year <i>(Within 90 days of effective date of training requirements, hire or appointment)</i>	_____ 	1. # of Supervisors due for training in calendar year <i>(Within 90 days of effective date of training requirements, hire or appointment)</i>	_____ 
2. # of Agency ADA Coordinators: Completed training in calendar year	_____ 	2. # of Supervisors: Completed training in calendar year	_____ 
3. % of Agency ADA Coordinators in compliance with training requirements	_____ %	3. % of Supervisors in compliance with training requirements	_____ %

EMPLOYEE ACCOMMODATION REQUESTS

Total # of Employee Accommodation Requests completed in calendar year: _____ * Does not include accommodation requests that are still pending or submitted under ADA Title II

Provide the nature, cost, determination and resolution time for each request in the below chart.

	Nature of Accommodation Request <i>(For example: teleworking, work schedule change, specialized equipment, interpreter or other auxiliary aid for effective communication, etc.)</i>	Final Determination <i>(For example: Approved as requested, Approved an alternative accommodation, or Denied – No accommodation provided)</i>	Resolution Time <i>(From date of receipt to date Requestor was notified in writing of final determination)</i>	Cost of Accommodation Granted
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$

Nature of Accommodation Request <i>(For example: teleworking, work schedule change, specialized equipment, interpreter or other auxiliary aid for effective communication, etc.)</i>	Final Determination <i>(For example: Approved as requested, Approved an alternative accommodation, or Denied – No accommodation provided)</i>	Resolution Time <i>(From date of receipt to date Requestor was notified in writing of final determination)</i>	Cost of Accommodation Granted
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$

Attach a separate sheet of paper if additional space is needed.

TOTAL: \$

ADA-RELATED LEGAL ISSUES

of ADA-related Charges of Discrimination filed with:

of Civil Actions filed in:

- 1. U.S. Equal Employment Opportunity Commission _____
- 2. Louisiana Commission on Human Rights _____
- 3. U.S. Department of Justice _____

- 1. State Court _____
- 2. Federal Court _____

APPROVAL

I hereby certify this mandatory report on the Americans with Disabilities Act as required by La. R.S. 46:2596 to be true and accurate to the best of my knowledge.

Signature / Date

** RETURN BY EMAIL TO Rikki.David@la.gov OR BY FAX TO (225) 342-1057. **