

MANDATORY ANNUAL ADA REPORT FORM

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

Each executive branch state agency shall submit an annual report regarding compliance with La. R.S. 46:2595-2596 to include mandatory training, administration of the ADA accommodation process, and ADA legal matters. Agencies shall submit the annual report by February 1 for the previous calendar year using the Mandatory ADA Annual Report Form (Revised 4/2025).

Agency Name: _____ Calendar Year: _____

Training Compliance

La. R.S. 46:2595 requires one (1) hour of ADA training within 90 days of appointment and every three (3) years thereafter as a refresher.

For ADA Coordinators:

1. How many were due for ADA training within 90 days of appointment? _____
2. How many completed ADA training within 90 days of appointment? _____ Compliance: _____ %
3. How many were due for ADA training as a 3-year refresher? _____
4. How many completed ADA training as a 3-year refresher? _____ Compliance: _____ %

For Agency Supervisors:

1. How many were due for ADA training within 90 days of appointment? _____
2. How many completed ADA training within 90 days of appointment? _____ Compliance: _____ %
3. How many were due for ADA training as a 3-year refresher? _____
4. How many completed ADA training as a 3-year refresher? _____ Compliance: _____ %

Employee Accommodation Requests

Total # Completed: _____

Provide the following information for each completed request. The Total # Completed must match the number of requests shown below.

1. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

2. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

3. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

4. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

5. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

6. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

7. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

8. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

9. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

10. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

11. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

12. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

13. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

14. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

15. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

16. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

17. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

18. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

19. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

20. Nature of Accommodation Request:

Determination: _____

Resolution Time: _____

Cost: _____

TOTAL COST: _____

Attach a separate sheet of paper if additional space is needed. Begin numbering with 21.

ADA-Related Legal Issues

of ADA-related Charges of Discrimination filed with:

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

of ADA-related Civil Actions filed in:

1. State Court: _____
2. Federal Court: _____

Agency Head Signature/Date: _____

Name: _____

Job Title: _____