

# 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: \_\_\_\_\_