

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