

Employee Information Form ADA Accommodation



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(To be completed by the employee who is requesting the accommodations)¹

Please provide in sufficient detail the below requested information regarding the relevant physical or mental impairment for which you are requesting an accommodation. Please only disclose information related to this impairment(s). If you need additional space, please use the reverse side of each page and/or attach additional pages. Please submit the completed form to the Human Resources Department.

Employee Name: _____ Job Title: _____

A. Questions to determine the need for accommodation.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. However, the employer may choose among effective accommodation options. The following questions may help determine effective accommodation options:

1. Do you have a physical or mental impairment which substantially limits one or more of your major life activities as described below? ☐ Yes ☐ No

If yes, what is your diagnosis or description of impairment? (Disclosure of diagnosis is not required, but can be helpful when considering potential reasonable accommodations.)

2. Please identify by name, address, and telephone number, the health care provider(s) who have rendered the diagnosis or are treating you for the impairment identified above.

Name: _____ Address: _____
Phone: _____
Fax: _____

¹The Statutory Definition of disability is a person with a physical or mental impairment that substantially limits one or more of the major life activities of such individual. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g).

²According to the Americans with Disabilities Amendment Act, major life activities may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and major bodily functions. Major bodily functions include but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. This is not an exhaustive list of all major life activities. Rather, it is representative of the types of activities that are major life activities. Similar activities in terms of their impact on an individual's functioning, as compared to the average person, may also be major life activities.

3. What is the nature of the impairment? (check all that apply)

- ☐ Permanent ☐ Episodic: Frequency: _____ times per week _____ month
Duration: _____ hours or _____ per episode
- ☐ Temporary
Estimated start date: _____ Estimated end date: _____

4. What, if any, job duties are you having difficulty performing due to your physical or mental impairment?

5. What limitation is interfering with your ability to perform your job duties and how?

B. Questions to determine what, if any, accommodation(s) might be effective

6. Have you had accommodations for the identified impairment in the past? What were they and were they effective?

7. What specific accommodation are you requesting? How will this accommodation assist you?

8. If you do not know a specific accommodation, please make sure that you have provided detailed information in questions 4 and 5. Please add any other information that you feel will be helpful in determining if there is a reasonable accommodation.

C. Leave requested as an accommodation.

A reasonable accommodation for an employee with a disability can include granting leave if it enables an employee to return to work following the period of leave and does not create an undue hardship for the employer. If the employee is requesting leave as an accommodation, please complete the following questions. Granted leave is not required to be paid leave.

9. If you are requesting a leave of absence as an accommodation, check the type of leave requested and provide the accompanying information.

- ☐ Continuous Leave (leave for a block of time)

What is the time period for which you request continuous

leave? Leave start date: _____ Leave end date: _____

- ☐ Reduced Work Schedule (a leave schedule that reduces your usual number of working hours per week or hours per workday)

What is the reduced work schedule you are requesting (eg., 4 hours per day, 3 days per week)?

What is the time period for which you request a reduced work schedule?

Start date: _____ End date: _____

- ☐ Intermittent Leave (leave taken in separate blocks of time)

What is the estimated frequency and duration of the intermittent leave you are requesting? (e.g., 1 day duration at a frequency of 5 times per month)

Duration: _____ hour(s) OR _____ day(s)

Frequency: _____ time(s) per week OR _____ month

What is the time period for which you request intermittent leave?

Start date: _____ End date: _____

D. Employee Signature and Contact Information

Date: _____

Employee's Signature: _____

School/Location: _____

Contact Phone Number: _____

E-mail Address: _____

Thank you for your continued participation in the interactive process.

The U.S. Equal Employment Opportunity Commission has indicated that an employer never has to remove an essential function of the job as an accommodation. Additionally, an employee with a disability must meet the same performance and production standards, whether quantitative or qualitative, as a non-disabled employee in the same job. Lowering or changing a production standard because an employee cannot meet it due to a disability is not considered a reasonable accommodation. Similarly, an employee who is chronically, frequently, and unpredictably absent may not be able to perform one or more essential functions of the job, or the employer may be able to demonstrate that any accommodation would impose an undue hardship, thus rendering the employee unqualified. Employers generally do not have to accommodate repeated instances of tardiness or absenteeism that will occur with some frequency, over an extended period of time and often without advance notice. The Americans with Disabilities Act: Applying Performance and Conduct Standards to Employees with Disabilities.