



Human Resources Department

Reasonable Accommodation Request

To be completed by Employee:

Employee Name: _____

Employee Title: _____ Department: _____

Supervisor/Manager: _____ Date of Request: _____

What job function are you having trouble performing? _____

Nature of Accommodation Requested by Employee (check all that are applicable):

- Leave
- Modified or part-time schedule
- Modified workplace policy
- Modification to equipment or facilities
- Reassignment to vacant position of which you are qualified
- Other: _____

Employee Signature

Date

To be completed by Physician:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Part A: Determining whether an employee has a disability.

A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment: Yes No

If yes, what is the nature of the impairment (describe the nature, extent, and duration)



Human Resources Department
Reasonable Accommodation Request

Is the impairment long-term or permanent? Yes No

If not permanent, how long with the impairment likely last? _____

Does the impairment substantially limit the employee's performance of a major life activity or activities? Yes No

If yes, what major life activities are affected? _____

Part B: Determining whether an accommodation is needed.

What limitations interfere with general job performance? _____

How does the employee's limitation interfere with the ability to perform their essential job functions?

Part C: Determining effective accommodation options.

Do you have any suggestions regarding possible accommodations to permit the employee to perform the essential functions of their job?

Other comments: _____

Physician Name: _____

Physician Signature _____ Date _____