

**AMERICANS WITH DISABILITIES ACT (ADA), PREGNANT WORKERS FAIRNESS
ACT (PWFA), AND RELIGIOUS ACCOMMODATIONS REQUEST FOR
EMPLOYEES AND APPLICANTS FOR EMPLOYMENT**

SECTION I

Name: _____

Class Title (if employee): _____

Work Location (if employee): _____ Region# (if employee): _____

Home Address: _____

Telephone Numbers: _____

Requestor is: Home Employee Mobile Applicant

A request for an accommodation under ADA or PWFA requires medical documentation supporting the requested accommodation.

SECTION II

This request is for:

- | | |
|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Training |
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Program Participation |
| <input type="checkbox"/> Structural Accessibility | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Benefits and Privileges of Employment | <input type="checkbox"/> Application Process |
| <input type="checkbox"/> Performance of Job (including leave) | <input type="checkbox"/> Activities |
| <input type="checkbox"/> Other: _____ | |

SECTION III

What type of accommodation (if anything specific) is requested?

- | | |
|--|--|
| <input type="checkbox"/> Equipment or Machinery | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Modification of Policy
(i.e. Leave Policy) | <input type="checkbox"/> Job Restructuring
(i.e. recollation of marginal functions) |
| <input type="checkbox"/> Modification to Work Schedule | <input type="checkbox"/> Work Sample/ Training Materials |
| <input type="checkbox"/> Reassignment | <input type="checkbox"/> Other: _____ |

Describe accommodation requested: _____

SECTION IV

Briefly state the problem and any proposed solution not listed above. (Attach medical documents and additional pages, if necessary.):

Signature (Employee, Applicant)

Date

SECTION V

Detailed reason(s) for the denial of reasonable accommodation (e.g., why the accommodation is ineffective or causes undue hardship):

Qualified Individual with a Disability: Yes No

ADA Log Number

Consulted with Office of General Counsel: Yes No

ADA Coordinator Signature

Date

SEE INSTRUCTIONS ON REVERSE SIDE

**INSTRUCTIONS
(PLEASE TYPE OR PRINT ALL ENTRIES)**

This form is available from the Accommodation Coordinator, at any [REDACTED]

[REDACTED] or on the [REDACTED].

SECTION I

Enter Name, Home Address, and Home Telephone Number of the individual requesting an accommodation. If requestor is an employee, enter Class Title, Work Location, Region #, and Work Telephone number. If requestor is an applicant, enter Class Title, Work Location, and Region # of position applied for. One block must be checked, Employee, or Applicant.

SECTION II

Please check all appropriate blocks.

Communication: Includes material in alternate formats, interpretive services, adaptive listening devices, closed captioning, or any other aids to enhance communication.

Structural Accessibility: This includes access to parking, departmental offices and facilities, rest rooms, etc.

Activities: Includes functions either hosted or endorsed by the Agency.

Performance of Job: This includes modifications or adjustments in the work environment, in the manner or circumstances in which the job is performed or in employment policies.

Public Services: This includes access to all programs, services, and/or activities.

Training: Includes modifying examinations, training materials or location to make training accessible.

Health Care: Includes permitting use of accrued paid leave or unpaid leave to obtain necessary treatment or providing a medical device that will allow an employee to perform the essential functions of a position.

Application Process: Making sure every step of the application process is accessible to an individual with a disability.

Benefits and Privileges of Employment: Any modification which allows a disabled individual to enjoy the same benefits and privileges of employment as a non-disabled employee or applicant.

Program Participation: Ensuring any program or service provided by the Department is readily accessible to and usable by individuals with disabilities.

Other: Any area not covered above.

SECTION III

Check the box that most accurately describes the requested accommodation and enter a description of the accommodation requested. For example, if equipment or machinery box is checked, indicate what type of equipment or machinery is needed. If none of the categories listed apply or are appropriate, describe the requested accommodation on the line marked "Other."

SECTION IV

List any additional information considered necessary or not covered in the sections above in this space. The form must be signed and dated by the individual requesting the accommodation and turned into the Human Resources Office or sent to the Accommodation Coordinator.

SECTION V

Upon receipt, the Accommodation Coordinator will complete the Received by information, assign an Accommodation Log Number, and review the form and medical information to determine if the individual is a disabled individual as defined by ADA and entitled to an accommodation. The Accommodation Coordinator shall then sign and date the form and notify the employee of the approval or denial of the request. If "No" is checked in Section V, the accommodation is denied.