

Reasonable Accommodation Request Form

The purpose of this form is to assist the university in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely to be filed separately from the employee's personnel file and be treated

EMPLOYEE INFORMATION			
Name:		ID#:	
Department:		Job Title:	
Employee Type:	<input type="checkbox"/> Classified	<input type="checkbox"/> Faculty	<input type="checkbox"/> Unclassified Admin <input type="checkbox"/> μ <input type="checkbox"/> ν <input type="checkbox"/> ξ
Supervisor Name:			
Contact Information			
Personal Email:			
Mailing Address:			
Phone 1:			
Phone 2:			
Work Schedule			
Shift Hours:			
Days Off	M	T	W Th F Sa Su Rotating

Please answer each of the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

1. What medical condition(s) currently limit your ability to do your job?!

2. Does your medical condition(s) affect a major life activity (MLA)? If so, explain which MLAs are affected?

3. How long have you had your medical condition(s)? How long have you been treated for the condition(s)?

4. Please describe the accommodation(s) you request.

GINA.

In this law, we are asking you not to 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 diagnostic 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.

Reasonable Accommodation Request Form

5. What is the reason you need an accommodation(s)? What things are you unable to do without an accommodation? **Be** as specific as possible.

6. If you are requesting a type of equipment or a device, please describe the equipment/device. Do you know where the equipment can be obtained? What does it cost? Please provide this information if applicable.

7. Is there any other information that would help us evaluate your request?

8. Do you think you can perform the essential functions of your job with or without reasonable accommodation?

If you have a recent statement from your doctor stating your diagnosis, prognosis, any restrictions you may have with respect to your employment, and/or the projected duration of those restrictions, please attach it to this form. With your written consent, Oregon Tech may request necessary medical information from your healthcare provider(s). Your request for reasonable accommodation cannot be processed without information from your healthcare provider.

Attached is a medical release authorizing Oregon Tech to obtain medical information which is needed to evaluate a request for an accommodation under the Americans with Disabilities Act (ADA). Understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. I authorize my medical provider(s) to release such medical information, as indicated on the attached form, to Oregon Tech Human Resources. A photocopy of the attached medical release shall have the same force and effect as the original.

Healthcare Provider Contact Information	
Provider Name:	
Provider Address:	
Phone:	
Fax:	

Signature of Person Requesting Accommodation: _____

Employee Signature Date

Hand deliver, email, fax, or mail this form to: Human Resources

Hand Delivery Location	Mailing Address	Email/Fax/Phone
Snell Hall Room 111	3201 Campus Drive, Snell 111	sarah.hendersonwong@oit.edu
Klamath Falls Campus	Klamath Falls, OR 97601	541 851 8520 (fax) / 541 885 1020 (phone)

Reasonable Accommodation
Request Form

~~AUTHORIZATION TO USE AND DISCLOSE OR PROTECT HEALTH INFORMATION~~

Pursuant to my request for reasonable accommodation under the Americans with Disabilities Act, my employer, Oregon Tech, is conducting an inquiry to determine: (1) my eligibility for a reasonable accommodation; (2) if I am eligible, what reasonable accommodation if any, would be appropriate; (3) the feasibility of the reasonable accommodation; (4) any possible alternative reasonable accommodations.

I authorize [

Reasonable Accommodation
Request Form