

Disability Accommodation Request (Americans with Disabilities Act)

From: _____ Date: _____

Check one: Current employee ___ Applicant: ___

Under the Americans with Disabilities Act (ADA) and the ADA Amendment Act, a qualified person with a disability may request a reasonable accommodation from the employer. A reasonable accommodation may include but is not limited to a modification of policies, procedures or practices or facilities that will enable the person to perform the essential functions (duties and responsibilities) of the job.

Guidance to the Employee or Applicant

- ❖ You and your doctor:
 - review a job description, position description questionnaire ("PDQ"), posting, performance plan or other employer document which lists the essential job functions of the job;
 - identify the essential job function(s) for which you will need an accommodation;
 - write out the specifics of the requested accommodation, describing how the accommodation will help you perform the essential job function(s); and
 - sign and date the document.
- ❖ Turn in your request, with a signed limited release of medical information if necessary, to the UCD ADA Coordinator, Human Resources, Campus Box 130, University of Colorado Denver, P. O. Box 173364, Denver, CO, 80217-3364. Phone: 303-315-2700
- ❖ In order to comply with federal law, we ask that you NOT provide genetic information of the employee or his/her family, or include reference that such persons sought or received genetic services.

Questions for the Medical Provider

1. Does the individual have an impairment? _____ YES _____ NO

ADA definition of impairment: any physiological disorder or condition affecting one or more of the body's systems; or a mental or psychological disorder.

2. Does the impairment affect a major life activity? _____ YES _____ NO

ADA definition of major life activity: Those basic activities, including major bodily functions, that most people in the general population can perform with little or no difficulty, including caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.

3. If yes, please identify the major life activity affected. _____

4. Does the impairment affect a major bodily function? _____ YES _____ NO

ADA definition of major bodily functions includes the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, reproductive functions, hemic, emphatic musculoskeletal, special sense organs, skin, genitourinary, and cardiovascular functions.

5. If yes, please identify the major bodily function: _____

6. Is the person's ability to perform the major life activity substantially limited by the impairment compared to how an **average person** in the general population performs the activity? ___ YES ___ NO

7. If the answer to #5 is yes, then answer:

i. Is the condition episodic ? ___ YES ___ NO

ii. Is this condition permanent? ___ YES ___ NO

iii. Is the condition temporary? ___ YES ___ NO

8. If temporary, when is the impairment no longer expected to limit the major life activity?

9. After reviewing the essential functions of the job, please answer whether the individual cannot perform any essential function of the job and, if so:

(a) identify the essential function(s), _____

(b) explain the medical condition or impairment that is the reason the person cannot perform the function(s), _____

(c) identify a reasonable accommodation that may enable the person to perform the function.

10. Please also consider and advise whether there is a medical reason to believe the employee is likely to experience injury, harm or aggravation by performing or attempting to perform the job, the duration of the risk and medical basis for this conclusion _____

Employee Information

Medical Provider Information

Printed name _____

Signature and date _____

Address _____

Phone _____

Email _____
