

Employee Packet

Request for Workplace Accommodation Under the Americans with Disabilities Act

Tooele City Personnel Policies & Procedures Section 1: EEO & Workplace Accommodation communicates Tooele City’s commitment to providing equal opportunity and reasonable accommodations pursuant to the Americans with Disabilities Act (ADA), as amended, unless the accommodation poses an undue hardship.

Under the ADA, if an employee has a disability and needs an accommodation because of the disability, Tooele City will consider requests for reasonable accommodations that may enable an employee to successfully perform the essential functions of their position or provide them with equal access in the workplace.

Generally the process includes:

1. An employee notifies HR that they need an accommodation under the ADA. The employee or an employee representative completes the Reasonable Accommodation Request Form and returns it to HR;
2. The employee and his/her medical provider completes and returns the ADA – Medical Inquiry for Accommodation Form to HR;
3. HR determines, based on the form, whether or not the ADA applies to the employee;
4. If the ADA applies, HR assists with facilitating a discussion meeting with the employee and the needed supervisory staff to talk about what accommodation is requested and to discuss any other specific accommodation needs in the workplace. This is called the “interactive dialogue process” under the Americans with Disabilities Act and is an important step in the accommodation consideration process;
5. Tooele City determines if the accommodation request is reasonable;
6. The accommodation provided is formalized and we work together to make changes or adapt accommodation(s) if needed.

The Job Accommodation Network (JAN) is a resource available to employees and supervisors to better understand the ADA, specific disabilities, and various accommodations that may relate to the specific disability. The Job Accommodation Network (JAN) can be found at: <https://askjan.org/a-to-z.cfm>

If you have questions please contact the Tooele City HR Director.



“It’s about your HEALTH, your LIFESTYLE, & your FUTURE!”

REASONABLE ACCOMMODATION REQUEST FORM
Completed by Employee

A. Questions to clarify accommodation requested

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes No If yes, please explain.

Is your accommodation request time sensitive? Yes No If yes, please explain.

B. Questions to document the reason for accommodation request

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation? Yes No
If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other

Please provide any additional information that might be useful in processing your accommodation request:

Employee Name (Please Print)

Employee Signature

Date

Return this form and the **Medical Inquiry Form in Response to an Accommodation Request Form** completed by your medical provider to the Tooele City HR Director.



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MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMODATION REQUEST
Completed by Medical Provider

Employee Name: _____

A. Questions to help determine 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 []

What is the impairment (be specific) _____

Is the impairment long-term or permanent? Yes [] No []

If not permanent, how long will the impairment likely last? If the impairment is episodic and/or in remission, please specify. _____

Does the impairment affect a major life activity? Yes [] No []

If yes, what major life activity(s) is/are affected?

- Checkboxes for: Breathing, Caring for Self, Concentration, Hearing, Interacting With Others, Learning, Lifting, Operation of major bodily function, Performing Manual Tasks, Reaching, Reproduction, Seeing, Sitting, Sleeping, Speaking, Standing, Thinking, Toileting, Working, Walking, Other: _____

Describe how the major life activity(ies) checked above are substantially limited. _____

B. Questions to help determine whether an accommodation is needed

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability covered under the ADA. The following questions may help determine whether the requested accommodation is needed because of the disability:

Which limitation(s) interfere(s) with the employee's ability to perform the essential functions of the job? (see attached job description) _____

Describe in detail how does the employee's impairment(s) substantially interfere(s) with the major life activity of "working," that is, the employee's capacity to perform the essential functions of the job.

C. Questions to help determine effective accommodation options

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. The following may help determine effective accommodations:

Taking into consideration the nature, severity, and duration of the impairment, the limitations imposed by the impairment, and the effect of the impairment on the employee's ability to perform the functions of the position, what alterations to the employee's duties, if any, may assist the employee in effectively performing the essential functions of the position (e.g. alternative scheduling, use of accrued paid leave or additional paid leave, scheduled breaks, adaptive equipment, movement/effort restrictions, physical changes to the workplace or equipment, etc.)?

What, if any, auxiliary aids/or services may assist the employee in effectively performing the essential functions of the position (e.g. readers, sign language interpreters, aural assistive devices, etc.)?

D. Additional Comments

Medical Professional’s Name (Please Print)

Office Phone Number

Medical Professional’s Signature

Date

Please return this form to employee for delivery to Tooele City HR Department.