EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Directions For The Employee

An employee who seeks an accommodation has the responsibility to self-identify and to provide reasonable documentation and adequate information for the need of an accommodation. Completion of this form is voluntary; however, failure to provide timely and accurate information may result in a denial of the request. The granting of an accommodation does not imply that the Department regards or considers an employee disabled.

In accordance with the Americans with Disabilities Act, an employee must be qualified to perform the essential functions of his/her position with or without a reasonable accommodation. All requests for reasonable accommodations for qualified individuals may be approved as requested, modified from the original request, or denied by the Department. Requests that pose an undue burden or hardship on the Department may be denied or rescinded. In all situations, the Department will work closely with the employee to determine what, if any, accommodation can be made.

Employees are expected to obtain a copy of their Employee Work Profile from their supervisor or HR office and submit it, along with this packet, to their health care provider. The health care provider must review it when completing the second section of this packet (pages 4-5).

All information relating to an accommodation request, including medical documentation and this form, shall be maintained in a separate medical file and shall be treated as confidential medical records with access limited to those who need to be informed including, but not limited to, human resources staff, legal counsel, first aid personnel (when appropriate), and government officials investigating compliance issues.

***Instructions*: Employees shall complete pages 1-3 and submit the complete packet, and a copy of their Employee Work Profile, to Human Resources with the following attachment:**

A) The attached **Health Care Provider's Certification Form** (pages 4-5) verifying a medical need for the accommodation(s) requested.

Employee Name (please print) _____

Phone # _____ Work Location_____

Supervisor_____

Accommodation Requested

Please list below the job task(s) for which you are seeking accommodation(s) and describe the specific accommodation you are requesting. You will need a copy of your current Employee Work Profile to complete this section.

How long do you anticipate this accommodation will be necessary?

Permanent ___ Temporary ____ (from _____ until _____)

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

Are you designated an essential employee? Yes ___ No ____

In detail, describe how your condition limits your ability to perform your job duties. Using your Employee Work Profile, identify the essential functions of your job affected by your condition. Be specific about how your condition impairs your ability to perform your duties.

Describe in detail the accommodation you are requesting. Be specific about the accommodation, e.g., adaptive equipment, interpreter, work station modification, etc. Please add information you believe may be relevant to your request.

Employee signature_____ Date_____

HEALTH CARE PROVIDERS
CERTIFICATION FORM

This request for reasonable accommodation is being made in accordance with the Americans with Disabilities Act. This form should be completed by the Health Care Provider most knowledgeable about the patient's impairment and the effects of the impairment.

Health Care Provider:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers 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.

Employee's Name (please print)_____

1) *Nature of Disability*. The employee identified above has asked for an accommodation for a disability which substantially limits a major life activity(ies). Please describe the nature of the employee's disability / impairment:

a) Is the medical condition chronic ___or temporary___?

b) If temporary, what is the expected duration of the medical condition?

c) Is the medical condition controllable with medication? How long will the employee need to take the medication? What possible effects will the medication have in allowing the employee to perform his/her essential job functions? Please review the Employee Work Profile (job description) and be specific.

2) *Impairment/Restrictions/Limitations*. How is the employee's disability/impairment likely to affect his or her ability to perform the essential functions of the job, as identified in the attached Employee Work Profile (job description)?

3) **Possible Accommodation(s).** After reviewing the employee's Employee Work Profile (job description), what possible accommodation(s) do you suggest to assist the employee in performing the essential functions of his/her job? Please be specific and explain how the accommodation will allow the employee to perform the essential functions.

Please note: In accordance with the Americans with Disabilities Act, requests for reasonable accommodations may be approved, modified, or denied by the employer. For assistance in completing this document you may contact the following DJJ Human Resources contact:

HR Contact: Heather Schofield, Employee Relations Manager Telephone: 804-839-3425

By my signature below I acknowledge I have received and reviewed the employee's Employee Work Profile (job description).

_____ _____

Health Care Provider Name (please print) Telephone Number

_____ _____

Signature of Health Care Provider Date

Instructions for Submitting Completed Packets: Health Care Providers, please give a copy of this completed packet to the employee. Employees must submit it, and a copy of his/her Employee Work Profile, to DJJ Human Resources Department, c/o Heather Schofield, Employee Relations / EEO Manager.

Thank you.