

REQUEST FOR ACCOMMODATION FORM

CONFIDENTIALITY STATEMENT:
 A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

SECTION 1: REQUESTOR INFORMATION

Requestor's Name: _____

Requestor is (check only one): Employee Job Applicant Visitor / Public

Requestor's Email Address: _____

Requestor's Phone #: _____

If Requestor is an employee, also provide: Job Title: _____

Division/Unit: Supervisor's Name: _____

SECTION 2: REQUESTED ACCOMMODATION *(Attach a separate sheet if additional space is needed)*

A. Please describe the nature of your disability and the functional limitations resulting therefrom.

B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

	Accommodation Type:	Reason for Accommodation Request:
1.	<input type="checkbox"/> Application/Testing Process Explain the specific application/testing requirement for which accommodation is requested: (→)	
2.	<input type="checkbox"/> Participating in a Job Interview Identify the Date/Time/Location of the job interview for which an accommodation is requested: (→)	
3.	<input type="checkbox"/> Performance of Essential Functions of Your Job Explain the job duties for which accommodation is requested: (→)	
4.	<input type="checkbox"/> Benefits/Privileges of Employment Explain the benefits or privileges of employment for which accommodation is requested: (→)	
5.	<input type="checkbox"/> Pregnancy, Childbirth or Related Condition Explain how pregnancy, childbirth or a related condition affects your ability to perform your job: (→)	
6.	<input type="checkbox"/> Effective Communication Identify the Date/Time/Location for which an auxiliary aid is requested: (→)	
7.	<input type="checkbox"/> Access to Programs, Services or Facilities Identify the specific program, service or facility for which access is needed: (→)	

C. Describe the accommodation(s) requested. *(Identify specific auxiliary aid requested, if applicable)*

Requestor's Signature: _____ Date: _____

SECTION 3: TO BE COMPLETED BY AGENCY ADA COORDINATOR

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a. Process Tracking:

1. Date the Request for Accommodation was prepared/signed by Requestor:
2. Date the Request for Accommodation was received by ADA Coordinator:
3. Date of initial contact with Requestor (*initiate interactive process*):
4. Date(s) of follow-up contact with Requestor:
5. Date the Request for Accommodation was discussed with Appointing Authority:
6. If applicable, date the alternative accommodation(s) was discussed with Requestor:
7. Date Requestor was notified of final accommodation determination:
8. Date Requestor was notified of internal grievance procedure:

b. Is there an equally effective accommodation(s), other than the one requested, that would satisfy the request? (*Consult with www.askjan.org or Louisiana Rehabilitation Services, if necessary*) Yes No

If Yes, please identify:

c. Was an accommodation granted? Yes (*Proceed to section d. below*) No (*Proceed to section e. below*)

d. Accommodation Granted:

Was the accommodation granted the same as the one requested? Yes No

If an alternative, equally effective accommodation was granted, explain the reason this option was selected rather than the one requested. (*Reason for alternative accommodation should be fully documented.*)

e. Denial of Accommodation:

Check reason for denial **and** provide further explanation below. (*Denials should be fully documented.*)

ADA Title I (for employees / applicants)

- Requestor is not a "qualified individual" (See Definition in agency policy)
- Accommodation would pose an undue hardship to the agency
- Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

ADA Title II (for visitor / public)

- Requestor is not a "qualified individual" (See Definition in agency policy)
- Accommodation would fundamentally alter the nature of the agency's service, program or activity
- Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

ADA Coordinator's Signature: _____

Date: _____