

# Employee Request for Accommodation Form

Michigan Technological University  
Affirmative Programs Office 487-3310

The purpose of this form is to assist the Affirmative Programs Office in determining whether, or to what extent, a reasonable accommodation for an employee with a disability is required to perform one or more essential functions of their job safely and effectively. The employee must initiate this request for an accommodation. The information will be treated confidentially.

Employee Name:	Date:
Title:	Department:
Supervisor:	
What are the essential functions of this position? If needed, please attach the job description.	
What specific accommodation are you requesting and why?	
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.	
What, if any, job function are you having difficulty performing?	
Have you had any accommodations in the past for this same limitation?	YES      NO
If yes, what were they?	
I give the Affirmative Programs Office at Michigan Technological University permission to explore possible coverage and reasonable accommodations under the Americans with Disabilities Act of 1990 as amended. I understand all information obtained will be used in accordance with ADA confidentiality requirements.	
Employee's signature: _____	Date: _____

## Affirmative Programs Office Only

Accommodation request is:      Approved                      Denied                      Modified
If modified, describe modification. If denied, give rationale.

Date Employee Request for Accommodation Form Received:
Date Medical Inquiry Form Received:
Michigan Tech ADA Coordinator Signature:

## Medical Inquiry Form

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### To the Medical Professional:

Does the employee have a physical or mental impairment?      YES                      NO

Is the impairment permanent?      YES                      NO

Please attach a letter regarding the medical condition of the employee in reference to their request for accommodations based on the ADA (Americans with Disabilities Act). In this letter to the Affirmative Programs Office, please address the following:

- Please indicate how the disability limits the employees performance of essential functions of the position.
- What accommodations are necessary. How would your suggestions improve the employee's job performance?
- How long do you expect this accommodation to be necessary? Please provide any additional comments regarding the length of accommodations.

Medical Professional's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The ADA prohibits employment discrimination against qualified individuals with disabilities. A qualified individual with a disability is: an individual with a disability who meets the skill, experience, education, and other job-related requirements of a position held or desired, and who with or without a reasonable accommodation\*, can perform the essential functions\* of a job.

Under the Americans with Disabilities Act an individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more of the major life activities;
- Has a record of such an impairment or;
- Is regarded as having such an impairment.

**\*Reasonable Accommodation:** A reasonable accommodation is any change in the work environment or in the way things are usually done that result in equal opportunity for an individual with a disability. Equipment/furniture purchased for a reasonable accommodation is the property of the University and must be returned to the Affirmative Programs Office.

**\*Essential Function:** What you have to be able to do to achieve the desired results of your job. Why functions could be considered essential:

- The position exists to perform the function.
- There are a limited number of other employees available to perform the function, or among whom the function can be distributed.
- A function is highly specialized, and the person is hired for special expertise or ability to perform it.

**The Genetic Information Nondiscrimination Act of 2008 (GINA)** prohibits employers and other entities covered by GINA Title II 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. "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 services, and genetic 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.