

Employee Request for Accommodation Form

Michigan Technological University
Institutional Equity & Inclusion 487-3310

The purpose of this form is to assist Institutional Equity & Inclusion (IEI) 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. To be eligible for a reasonable accommodation under the Americans with Disabilities Act, you must be qualified to perform the essential functions of your position with or without an accommodation, and have a qualifying disability that limits a major life function. **No purchase of equipment for accommodations can be made without approval from Institutional Equity & Inclusion.**

| | |
|----------------|-------------------|
| Employee Name: | Employee Phone: |
| Supervisor: | Supervisor Phone: |
| Department: | Date: |

Please describe which major life activity your impairment limits.

What are the essential job functions of this position? If needed, please attach the job description.

Describe how your condition limits your ability to perform the essential job functions of your job.

Identify possible accommodations that may enable you to perform the essential functions of the job.

How will these accommodations enable you to perform the essential functions of the job?

Have you had any accommodations in the past for this same limitation? YES NO
If yes, what were they?

I give Institutional Equity & Inclusion 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: _____

Institutional Equity & Inclusion 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 Michigan
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To the Medical Professional:

Does the employee have a qualifying disability that limits a major life function? YES NO
Does the disability affect the employees ability to perform the essential functions of the job? YES NO
Is the impairment permanent? YES NO

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

1. Please indicate how the disability limits the employees performance of essential functions of the position.
2. Identify possible accommodations that may enable the employee to perform the essential job functions.
3. How will your suggestions improve the employee's ability to perform the essential job functions?
4. 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 IEI.

***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.