

AMERICANS WITH DISABILITIES ACT
REQUEST FOR DISABILITY ACCOMMODATION FORM

Employee Name: _____

Employee ID: W _____

Job Title: _____

Work Phone: _____

Supervisor's Name: _____

Department: _____

Home Address: _____

Home Phone: _____

Describe your disability (e.g. visual impairment, arthritis, etc.): _____

Describe how your disability impairs your ability to perform assigned job duties: _____

Describe the reasonable accommodation that you are requesting: _____

Employee Signature

Date

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I, _____, hereby authorize
(Patient Name)

_____ to furnish and discuss with the
(Physician or Facility)

Weber State University, Human Resource Office any information in his/her/its possession relevant to the following condition *(list condition(s) or diagnosis (es))*: _____

_____, for the purpose of evaluating my request for accommodation. A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until the University completes its evaluation of my request for accommodation of this condition. I release _____ from any
(Physician or Facility)

liability associated with the disclosure of confidential or privileged medical/healthcare information. I understand that the Weber State University Human Resources cannot properly evaluate my request for accommodation unless I sign this release and that any information disclosed under this release could potentially be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations. I understand that I can revoke this release in writing at any time by sending a written revocation of authorization to:

**Human Resources
Attn: ADA Coordinator
1016 University Circle
Ogden, Utah 84408**

However, I understand that my revocation will not be effective to the extent that action has been taken in reliance on this release. By signing this release, I represent that I have read the information, understand it, and am in agreement with the authorization I now make.

(Signature)

(Date)

Name of Physician or Treatment Facility: _____

Address of Physician or Treatment Facility: _____

Telephone Number: _____

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FACULTY & STAFF ACCOMMODATION PROCEDURES

1. **Documentation of Disability:** When an employee submits a Request for Disability Accommodation Form, s/he must provide, at his/her own expense, documentation of his/her disability in the form of a written evaluation by an appropriate health care provider. The faculty member will be required to sign a Medical/Health Care Information Release Form, so that the health care provider can provide the Office of Equal Opportunity and Affirmative Action (OEO/AA) with the appropriate documentation. Upon request, the department chair or supervisor will provide OEO/AA with a written job description of the essential functions of the job, which may include the mental and physical demands of the employee's job.

OEO/AA will provide the employee with a written request to the employee's health care provider requesting the appropriate medical documentation of the employee's disability, as well as the signed release form. It is the employee's responsibility to ensure that the medical documentation/information requested is returned to OEO/AA by the date specified in OEO/AA's written request.

2. **Temporary Accommodations:** After consultation with the employee and his/her department chair or supervisor, OEO/AA may provide the employee with a temporary accommodation pending receipt and evaluation of the documentation of the disability. OEO/AA will notify the employee, in writing, of the temporary accommodation to be provided.
3. **Evaluation of Documentation:** Upon receipt of documentation from an employee's health care provider, the University will determine if the employee has a disability as defined by the ADA, and if the employee can perform the essential functions of her/his position, with or without reasonable accommodation.
4. **Second Opinions:** OEO/AA and/or the University's ADA Coordinator may contact the employee's health care provider for clarification of the written evaluation. OEO/AA may also, at the University's expense, seek a second opinion. The employee must make him/herself available for such an evaluation.
5. **Final Determination and Notification to Staff or to Faculty Members:** The University has the authority to make the final determination regarding what accommodation, if any, is appropriate. When a final determination is made, OEO/AA will send written notification to the employee of its determination, whether an accommodation has been granted, and if so, will specify what accommodation has been granted. OEO/AA will also notify the employee's department chair or supervisor if an accommodation is to be provided to the employee.
6. **Right to Appeal:** If an accommodation request is denied, the employee may submit a request for review to the Vice President of Human Resources. This appeal must be made within five (5) days of the notice of denial and must be in writing.