

Request for Reasonable Accommodation – Americans with Disabilities Act (ADA)

Date of Request: _____

Employee's Name

Employee's Work Phone

Job Title

Department

What is the accommodation you are requesting? Please be as specific as possible.

Is your request time sensitive?

Yes

No

What limitation or condition is interfering with your ability to perform your job?

What job function or task are you having difficulty performing?

What employment benefit or privilege are you having difficulty accessing (if any)?

How will the requested accommodation assist you?

Please provide any other information you think would be useful in evaluating your request.

I understand that all information obtained by my employer during this process will be maintained and used in compliance with ADA confidentiality requirements. I also understand that I may be required to provide my employer with medical documentation about my condition, its functional limitations, and appropriate accommodations.

Employee's Signature

When you have completed this form, please send it to the Human Resources Department.

Request for Information from Medical Provider

_____, who is an employee of Arizona Western College, has requested a reasonable accommodation under the Americans with Disabilities Act (ADA). In response to that request, we are seeking specific information as detailed below. Please provide the requested information only—**please do not send copies of medical records.**

Note: The ADA defines “disability” as a physical or mental impairment that substantially limits one or more major life activities.

1. Does the employee have a physical or mental impairment?

Yes No

2. What is the impairment?

3. What is the expected duration of the impairment?

Permanent

Temporary (please explain)

Chronic (please explain)

Episodic (please explain)

4. Does the impairment affect a major life activity?

(Examples of major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and the operation of a major bodily function such as the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive systems.)

Yes No

5. Does the impairment *substantially limit* one or more major life activity?

Yes No

6. Does the employee have any functional limitations resulting from the impairment?
Please describe:

7. Please refer to the attached description of the employee's job that contains a list of essential job functions. How does the functional limitation described in #6 above impact the employee's ability to perform the essential functions of his or her job?

8. Do you have any suggestions for possible accommodations that will enable the employee to perform the essential functions of the job? Please describe:

9. How would your suggested accommodation(s) enable the employee to perform the essential functions?

Please return this form to: Arizona Western College
P.O. Box 929
Yuma, AZ 85366-0929

Preliminary Job Description Checklist for ADA Compliance

Physical Requirement		
<input type="checkbox"/>	Sitting (a typical requirement for the job of assembler)	Is the employee required to sit for extended periods of time without being able to leave the work area?
<input type="checkbox"/>	Standing (typical for supermarket cashier)	Is the employee required to remain on his or her feet in an upright position for continuous periods of time without being able to leave the work area?
<input type="checkbox"/>	Climbing (typical for a millwright)	Is the employee required to climb ladders and/or scaffolding or to climb and work in overhead areas, as when repairing warehouse ventilator fans?
<input type="checkbox"/>	Walking (typical for a messenger)	Is the employee required to walk considerable distances in the facility during the course of his or her work (excludes walking to and from work area, cafeteria, etc.)?
<input type="checkbox"/>	Lifting (typical for construction laborer)	Is the employee required to raise or lower objects from one level to another regularly during the shift?
<input type="checkbox"/>	Pulling and/or Pushing (typical for material handler)	Does the job require exerting force up to ___ pounds on a regular basis so that the object is moved to or away from the employee?
<input type="checkbox"/>	Carrying (typical for a nurse or a material handler)	Is the employee required, on a regular basis, to carry objects in his or her arms or on the shoulder(s)?
<input type="checkbox"/>	Grasping (typical for an assembler)	Does the job require that the employee regularly pick up objects with fingers?
<input type="checkbox"/>	Reaching (typical for a stockpile in a warehouse or store)	Is the employee regularly required to use the hands and arms to reach for objects?
<input type="checkbox"/>	Stooping and Crouching (typical for a motor vehicle mechanic)	Is the employee regularly required to bend forward by bending at the waist or by bending the legs and spine?
<input type="checkbox"/>	Crawling (typical for mechanics, welders, those working in confined spaces)	Is the employee required to work in a confined space? To crawl and move about on his or her hands and knees?
<input type="checkbox"/>	Color Determination (typical for a printing press operator)	Does the job require color determination vision (no color blindness)?
<input type="checkbox"/>	Near Acuity (typical for electrical assemblers)	Does the job require clarity of vision at 20 feet or more, with or without corrective lenses?
<input type="checkbox"/>	Speaking (typical for a sales person)	Does the job require expressing ideas by the spoken word?
<input type="checkbox"/>	Listening (typical for customer service representative)	Does the job require perception of speech or the nature of sounds in the air?
<input type="checkbox"/>	Tasting or Smelling (typical for a fragrance tester or food sample tester)	Does the job require the ability to distinguish differences in the quality of flavors and/or odors, using tongue and/or nose?

Mental Requirement		
<input type="checkbox"/>	General Intelligence (typical requirement for office, staff, machine operators, etc.)	Does the employee have the ability to learn and comprehend basic instructions and orientation to the job?
<input type="checkbox"/>	Motor Coordination Skills (typical for a hand assembler, automobile mechanic, watch repair technician, etc.)	Is the employee able to coordinate eyes, hands, and fingers rapidly and accurately and handle precise movements?
<input type="checkbox"/>	Coordination of Eyes, Hands, and Feet (typical for a tractor trailer driver, foot-press operator)	Does the employee have the ability to coordinate the eyes, hands, and feet with each other in response to visual stimuli?
<input type="checkbox"/>	Verbal Intelligence (typical for a salesclerk, production supervisor)	Does the employee have the ability to understand the meanings of words and respond effectively?
<input type="checkbox"/>	Numerical Intelligence (typical for an accounting clerk, a shipping checker)	Does the employee have the ability to perform basic arithmetic accurately and quickly?

Workplace Environmental Conditions		
<input type="checkbox"/>	Noise Conditions (typical environmental condition for a manufacturing plant worker)	Is the employee exposed during a shift to constant or intermittent sounds at a level sufficient to cause hearing loss or fatigue?
<input type="checkbox"/>	Heat (typical for an outdoor worker in hot climates or a furnace operator)	Is the employee exposed to high temperatures that result in significant body discomfort?
<input type="checkbox"/>	Cold (typical for an outdoor worker in cold climates or a freezer operator)	Is the employee exposed to low temperatures that result in significant body discomfort?
<input type="checkbox"/>	Injury Exposure (typical for electricians, forklift operators, tractor trailer drivers)	Is the employee exposed to workplace hazards more frequently than normal? To potential injuries?
<input type="checkbox"/>	Atmosphere Exposures (typical for welders, solvent handlers)	Is the employee exposed to dusts, fumes, vapors, or mists that could affect the occupational health of the employee?