Requesting an ADA Accommodation

The Americans with Disabilities Act (ADA), the Pennsylvania Human Rights Act, and Slippery Rock University policy prohibit discrimination in employment against qualified individuals with disabilities. It is the policy of Slippery Rock University of Pennsylvania to provide reasonable accommodations when necessary.

A reasonable accommodation refers to a change in the job or work environment that allows a qualified employee with a disability to perform the essential functions of his or her job. It is the responsibility of individual employees to identify themselves as an individual with a disability when seeking an accommodation or adjustment. It is also the responsibility of individual employees to provide documentation of their disability (from an appropriately licensed professional) and to demonstrate how the disability limits their ability to complete the essential functions of their job. Medical documentation will be kept confidential. **To request an accommodation, please refer to the attached form.** Questions about completing the form should be directed to the Office of Diversity and Equal Opportunity, 305 Old Main, 724-738-2016.

Once a completed request for an accommodation is received, the University engages in an interactive process with employees and their supervisors to identify the most appropriate accommodation(s) in a given situation. Accommodations are made on a case by case basis, taking into account the type and severity of the disability and the specific job requirements involved.

If the employee disagrees with the accommodation selected or has been denied an accommodation to which the employee believes he/she is entitled under the ADA or Section 504 of the Rehabilitation Act, the employee may appeal the decision to the Assistant Vice President of Human Resources within twenty (20) working days of the date of the decision.

ADA Accommodation Request

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently employed by Slippery Rock University and request a reasonable accommodation.

Essential Job Functions (may attach form from Human Resources):

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Describe obstacles related to performing essential functions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe, if possible, the types of accommodation(s) you are requesting. Please give your medical provider a copy of your job description and essential functions form and ask him/her to provide you with medical documentation supporting your accommodation request. Attach the documentation to this form. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing below, I give the Diversity and Equal Opportunity Office permission to contact my medical provider to discuss my need for accommodation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

PLEASE FORWARD COMPLETED REQUEST TO THE DIVERSITY AND EQUAL OPPORTUNITY OFFICE

For use by DIVERSITY AND EQUAL OPPORTUNITY

Date request received: \_\_\_\_\_\_\_\_ Date discussion with employee and supervisor occurred: \_\_\_\_\_\_\_\_

Summarize discussion below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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After consultation with the employee, supervisor and the diversity and equal opportunity office, the following accommodations will be provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor’s Signature Date

The employee must indicate agreement or disagreement with the accommodation(s).

\_\_\_\_\_\_ I agree with the accommodations discussed.

\_\_\_\_\_\_ I disagree with the accommodation(s) and wish to file an appeal (an appeal form will be forwarded to the employee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

The Diversity and Equal Opportunity will forward provide completed, confidential copies to the employee and supervisor.