

REQUEST FOR DISABILITY ACCOMMODATION IN EMPLOYMENT: INSTRUCTIONS TO THE APPLICANT OR EMPLOYEE

To the applicant for employment or current faculty/staff member:

- If you believe you need accommodation in employment under the Americans with Disabilities Act, use this form when requesting any type of accommodation for a physical or mental disability.
- If you have applicable medical documentation, attach it to this form.
- If you are an **applicant for employment**, contact the Human Resources department at 940-565-2281.
- If you are a **current faculty/staff member**, present this form to your supervisor who will work with the Human Resources department to process your request.

For assistance in completing this form, or for related questions, contact the Human Resources department at 940-565-2281.

The University of North Texas complies with the Americans with Disabilities Act, PL 101-336, the Rehabilitation Act, PL 93-112, the ADA Amendment Act, PL 110-325, Texas Human Resources Code Chapter 121 Title 8 Rights and Responsibilities of Persons with Disabilities, and University Policy No. 1.3.7 Nondiscrimination/Equal Employment Opportunity and Affirmative Action in accommodating disabilities in employment including:

- accommodations required to ensure equal opportunity in the hiring process
- accommodations that enable employees with disabilities to perform the essential functions of their position
- accommodations that enable employees with disabilities equal benefits and privileges of employment

Coordination of information and effective communication are essential among all parties involved in the process of determining whether an accommodation is necessary and appropriate; however, **all information relating to an accommodation request, including medical documentation, shall be maintained in Human Resources in separate files and shall be treated as confidential medical records with access limited to supervisors/managers who need to be informed regarding necessary work restrictions and accommodations, first aid personnel (when appropriate), and review by government officials investigating compliance with ADA, FMLA or other pertinent law.**

UNIVERSITY OF NORTH TEXAS REQUEST FOR DISABILITY ACCOMMODATION IN EMPLOYMENT

Refer to INSTRUCTIONS TO THE APPLICANT OR EMPLOYEE on page 1 prior to completing this form. The University, in evaluating your request, may also require additional medical certification or other information from your medical provider(s). All information relating to an accommodation request, including medical documentation, shall be maintained in separate files and shall be treated as confidential medical records with access limited to supervisors/managers who need to be informed regarding necessary work restrictions and accommodations, first aid personnel (when appropriate), and review by government officials investigating compliance with ADA, FMLA or other pertinent law.

For assistance in completing this form, or for related questions, contact the Human Resources department at 940-565-2281.

Date of Request	
Name	
Are you an Applicant or an Employee? If Employee please add Employee ID#	
Position(s) Applied for or Current Position and Department	
Name of your Direct Supervisor, if Employee	

1. Describe the nature of your disability (please attach medical documentation, if available).

2. Describe the specific problem or difficulty associated with your disability, either existing or anticipated, for which you are seeking reasonable accommodation.

3. Describe the specific actions(s), changes, equipment or modifications that will provide reasonable accommodation to your disability and describe their specific purpose.

4. Explain if applicable any resources you already have, have access to, or are aware of which would provide the accommodation(s) requested.

5. If medical documentation is **not** attached, please provide the following information:

Name/Phone/Address of Primary Medical Practitioner/Physician	
Name/Phone/Address of Medical Specialist if applicable	

My signature indicates my permission for the University to contact my medical practitioner(s) to seek additional or clarifying information and for the medical practitioner(s) to release such information as applicable to the evaluation of my request for accommodation. The information provided by me is true and correct to the best of my knowledge.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Please attach separate pages providing additional information if needed. Present the completed form to the Human Resources department.

REQUEST FOR DISABILITY ACCOMMODATION IN EMPLOYMENT: MANAGER RESPONSIBILITIES

To the department head or manager: When you receive a request for disability accommodation(s) from a faculty or staff member, your responsibility is to contact the Human Resources department to begin the interactive process, including the evaluation of and response to the request and if applicable, the implementation of the accommodation. Human Resources will assist you in this interactive process and may include the assistance of the Office of the Vice Chancellor, General Counsel and other subject-matter experts.

- 1. Have the requesting individual complete the form “Request for Disability Accommodation in Employment” (second page of this packet).**
- 2. If needed, request medical documentation using the “Request for Disability Accommodation in Employment Medical Practitioner Certification.”**
- 3. In conjunction with Human Resources, analyze the request, documenting all actions and decisions. (ADA Compliance Manual for Higher Education recommends following the steps listed below.)**
- 4. Notify the individual of our decision and if applicable, implement accommodation(s).**

Title I of the ADA requires employers to make “reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee.” However, the reasonable accommodation requirement:

- does not require affirmative action in employment
- does not require that employers lower quality or quantity performance standards for essential functions to assist employees with disabilities
- does not require that employers create a job for employees with disabilities, or structure jobs to fit their needs or abilities, except for reallocating marginal job functions

Reasonable accommodation to an ADA covered disability **may** include:

- Making adjustments to the way job functions are performed
- Making changes in departmental policies or procedures regarding leave or work hours
- Making modifications of equipment used to perform a job
- Providing assistive devices
- Hiring assistants
- Allowing employees to use their own equipment, aids, or services at work
- Making modifications to provide a disabled employee with access to the areas where the employee performs essential job functions

ADA Compliance Manual for Higher Education recommends the following steps for a successful reasonable accommodation process:

1. Determine whether an accommodation issue exists.
2. Analyze the essential functions of the job.
3. Consult with the individual with a disability.
4. Determine specific abilities and functional limitations.
5. Research alternative accommodations, identify potential accommodations and determine how effective each would be.
6. Consider all types of reasonable accommodations.
7. Consider the preference of the individual with a disability.
8. Analyze whether any of the potential accommodations would impose an undue hardship.
9. Document decisions to eliminate accommodations from consideration.
10. Reconsider the remaining options.
11. If appropriate, offer the accommodation to the qualified individual.

For consultation or additional information on the reasonable accommodation process, contact the Human Resources department.

**UNIVERSITY OF NORTH TEXAS
REQUEST FOR DISABILITY ACCOMMODATION
IN EMPLOYMENT:
MEDICAL PRACTITIONER CERTIFICATION**

Name of Patient	
Address/Phone Number of Patient	
Name/Address/Phone of Medical Practitioner	

To the medical practitioner: Your assistance is appreciated in providing information to determine reasonable accommodation in employment for the above-named individual, who has identified himself/herself as your patient. Please answer and return the following questionnaire to your patient within the time frame indicated. **All information relating to an accommodation request, including medical documentation, shall be maintained in separate files and shall be treated as confidential medical records with access limited to supervisors/managers who need to be informed regarding necessary work restrictions and accommodations, first aid personnel (when appropriate), and review by government officials investigating compliance with ADA, FMLA or other pertinent law.** Please contact the University representative listed below if you have any questions. Attach additional pages if necessary.

The questionnaire format is a guide and we would appreciate a response to every question. We need your complete medical opinion, so please feel free to include a more detailed narrative response to any and all questions if needed to answer more fully. Thank you for your anticipated cooperation.

IMPORTANT NOTE TO HEALTH CARE PROVIDER: When answering these questions, please do not take into consideration any positive effects of mitigating measures, such as medications, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; use of assistive technology; reasonable accommodations or auxiliary aids or services; or learned behavioral or adaptive neurological modifications.

1. Does this individual have a physical or mental impairment? Yes No

If so, please state the type of impairment:

2. Does this individual's impairment substantially limit any major life activities? Yes No

3. If so, which major life activity or activities are limited?

4. For each major life activity that is limited by the impairment, please describe how this individual is restricted as to the condition, manner, or duration under which that activity can be performed, as compared to the way in which a person in the general population can perform that activity:

5. What is the duration or expected duration of this individual's impairment?

6. Attached is a job description listing the essential functions of the position for which this individual is either under consideration or is already employed. Please review the job description and assess whether this individual can perform all job functions: Yes No

7. If not, which job functions can not be performed, and why not?

8. Please describe any reasonable accommodations that would allow this individual to be able to perform these job functions:

9. If medical leave is one of the possible accommodations listed above, please provide an estimated duration for the leave:

10. Would performing any of the job functions listed result in a direct safety or health threat to this individual or other people (co-workers, members of the general public, etc.)?

Yes No

11. If yes, please describe which job function(s) would pose such a threat:

the direct safety or health threat posed:

any reasonable accommodations that would eliminate the direct safety or health threat, or reduce it to an acceptable level: _____

Certification:

Medical Practitioner's Name and Specialization	
Medical Practitioner's Signature (Original signature only)	
Date form completed	

Please return this form directly to:

Name of University Representative	
Signature of Representative	
University Title	
University Address/Phone/Fax	