

CONFIDENTIAL
THE PENNSYLVANIA STATE UNIVERSITY
Affirmative Action Office
328 Boucke Building
University Park, PA 16802
Reasonable Accommodation Request Form - Employment

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

College/Administrative Area	Department/Unit
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SECTION I: Employee: To be completed by employee requesting accommodation.

Employee:	Telephone:
Address:	
Job Title:	Request Date:
Department Head/ Supervisor:	Telephone:
Address:	
Human Resources Officer/Representative:	Telephone:
Address:	

I give The Pennsylvania State University, Affirmative Action Office, permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements.

Date

Employee's signature

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

A. Please describe as completely and specifically as possible the accommodation(s) you are requesting.

B. What are the limitations caused by your condition(s) that you are currently experiencing? Please provide as much detail as you believe is relevant.

C. Regarding the limitations you noted above, what specific parts of your assigned responsibilities are difficult to perform because of your condition?

D. In order to facilitate our discussions to identify an effective accommodation, tell us what changes are needed in some component now part of your responsibilities, or the manner in which you now carry out your responsibilities to make it possible for you to continue to perform the essential functions of your position.

Forward a copy of this form to the Affirmative Action Office at 328 Boucke Building, University Park, PA 16802. If you have any questions, please contact Bill Ritzman at 814-863-0471 (v/tty). *Please review the information regarding medical documentation on page 3 of this form.*

INFORMATION PERTAINING TO MEDICAL DOCUMENTATION:

In the context of assessing an accommodation request, medical documentation may be needed. Medical documentation is often needed to determine if the employee has a disability covered by the ADA and is entitled to an accommodation (i.e., has a permanent disability, as distinguished from temporary disability, that substantially limits one or more major life activities, affects the employee's ability to perform essential job functions, and is of sufficient severity) and if so, to help identify an effective accommodation.

Generally, in the context of an accommodation, medical inquiries related to an employee's disability and functional limitations are permissible and may include consultations with knowledgeable professional sources, such as doctors, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities. The Affirmative Action Office is the University unit charged with collecting medical documentation. In the event that medical documentation is required, the employee will be provided with the appropriate forms to submit to their medical provider. The employee has the responsibility to ensure that the medical provider follows through on requests for medical information.