

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 Penn State University Affirmative Action Office permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where AAO requires input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize AAO to consult with Penn State's Director of Occupational Medicine (or designee) and/or the Director of Counseling and Psychological Services at Penn State, or the medical/mental health professional that provided documentation.

Date Employee's signature

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

A. Indicate physical or mental limitation(s) and expected duration of limitation(s). (Attach additional pages if necessary.) It is not necessary to indicate a medical diagnosis or condition.

B. Explain how the disability/limitation affects the ability to perform one or more essential functions of the job:

C. List accommodations needed to perform essential functions (attach additional pages if necessary):

D. Has a physician, vocational rehabilitation specialist, or other health professional recommended a specific accommodation? Yes ____; No ____;
If yes, please attach a copy of their recommendations.

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 Leah Zimmerman at 814-863-0471. *Please review the information regarding medical documentation on page 3 of this form.*

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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.