

# **PROCEDURES FOR REQUESTING ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA) AND ADA AMENDMENTS ACT (ADAAA)**

Requests for accommodation can be made directly to the Human Resources and Labor Relations Office.

## **Step 1**

Employees should complete the Request for Accommodation form and submit to the Human Resources and Labor Relations Office.

## **Step 2**

The ADA Coordinator will contact the employee to schedule an interactive accommodation meeting to discuss the request.

If further information is needed, the employee will be asked to sign a Medical Release of Information and given a Medical Assessment Form to be completed by the healthcare provider. The employee will be responsible for ensuring the information is completed by their provider.

## **Step 3**

The ADA Coordinator will review information provided by the employee and the healthcare provider (if requested) to determine eligibility.

Upon eligibility determination, the employee will be notified.

## **Step 4**

If eligible, the ADA Coordinator will work with the employee's department to implement the reasonable accommodation discussed during the interactive accommodation meeting.

## **Step 5**

The ADA Coordinator will follow-up with the employee after implementation of the accommodation to evaluate the effectiveness of the accommodation.

## **REQUEST FOR REASONABLE ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA) AND AMENDMENTS ACT (ADAAA)**

The purpose of this form is to determine 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 will be maintained separately from the employee's personnel file.

**CONFIDENTIALITY NOTICE:** Medical-related information shall be kept confidential and maintained separate from other personnel records. However, supervisors and managers may be advised of information necessary to the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA/ADAAA may also be provided relevant information as requested.

Employee:	Phone #1:
Email:	Phone #2:
Job Title:	
Department:	
Supervisor:	Phone:

I give Genesee County Human Resources and Labor Relations Office/ADA Coordinator permission to explore possible coverage and reasonable accommodations under the Americans with Disabilities Act and Amendments Act (ADA/ADAAA). I understand that all the information obtained during this process will be maintained and used in accordance with ADA/ADAAA and all legal and regulatory requirements.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please complete the form as thoroughly as possible. You may attach additional sheets if necessary and provide a copy of any recommendations made by a healthcare provider that you may have.

1. Indicate the physical or mental limitation(s). You do not need to provide a medical diagnosis or condition.

What is the expected duration of the limitation(s)? \_\_\_\_\_.

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

3. Describe the accommodation being requested. Or any suggestions, if known:

4. If requesting a specific accommodation, please describe how it will assist you in performing essential functions of your job:

5. Have you had accommodations in the past for the same limitation(s)? If yes, what was the accommodation and how effective was it.

6. Please provide any additional information that may be helpful in processing your request.

Completed form should be submitted to the Human Resources and Labor Relations Office. You will be contacted by the ADA Coordinator to schedule an interactive meeting to discuss your request.

If a need for additional medical information is necessary to determine eligibility and/or reasonable accommodation, you will be asked to sign a medical release form and obtain documentation from your healthcare provider, before a determination is made.