

REASONABLE ACCOMMODATION FORM

Please note, the ADA requires an interactive process to determine if a qualified employee/candidate is able to perform the essential functions of the position with or without reasonable accommodation. This means that the manager, Employee and a DMS Analyst should meet to determine what, if any, accommodation(s) can be provided.

Name of Employee _____

(If Priority Re-assignment Candidate). Please list:

Req. # _____ **Position:** _____

Name of individual completing this form: _____ **Title** _____

1. Type(s) of reasonable accommodation requested by candidate/employee:

2. Requested accommodation is _____ Granted (*skip remaining questions and sign form*)
_____ Denied (*answer questions 3-5*)

3. Request for reasonable accommodation denied because: (may check more than one box)
 - Accommodation Ineffective
 - Accommodation Would Cause Undue Hardship
 - Medical Documentation Inadequate
 - Accommodation Would Require Removal of an Essential Function
 - Accommodation Would Require Lowering of Performance or Production Standard
 - Other (Please identify) _____

4. Detailed Reason(s) for the denial of reasonable accommodation (Must be specific, e.g., why accommodation is ineffective or causes undue hardship):

5. If the individual proposed one type of reasonable accommodation which is being denied, but rejected an offer of a different type of reasonable accommodation, explain both the reasons for denial of the requested accommodation and why you believe the chosen accommodation would be effective.

Name of Deciding Official

Signature of Deciding Official

Date _____