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)
   o Accommodation Ineffective
   o Accommodation Would Cause Undue Hardship
   o Medical Documentation Inadequate
   o Accommodation Would Require Removal of an Essential Function
   o Accommodation Would Require Lowering of Performance or Production Standard
   o 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 __________________________