Job Applicant or Employee
Accommodation Request Form

Delta College |1961 Delta Road
University Center, MI 48710
Human Resources, J101
Loyce Brown, Director of Human Resources |ph: 989-686-9247

To: Director of Human Resources, Loyce Brown

From: _____

I understand I am required under Section 210.18 of the Michigan Persons with Disabilities Civil Rights Act to notify an employer that I need an accommodation, within 182 days after my hire date, or within 182 days of becoming aware of the need for accommodation. This request is to meet that notice requirement. Federal law does not have a time limitation for making an accommodation request and does not require a request be made in writing.

Accommodation needed: _____

_____

_____

_____

_____

_____

_____ _____

Signature of Employee or Job Applicant Date

Employee or Job Applicant copy

Date Notice Sent: _____

Person to Whom Sent or Given: _____

Employer: _____

Accommodation Requested: _____

_____

_____

_____

_____

Request for Medical Information for Possible Accommodation
Needed Under ADA/ADAAA for Patient:

Employee Name: _____

It has been indicated that you may require an adjustment or change at work for a reason related to a medical condition, commonly referred to as a reasonable accommodation. To qualify, you must:

I. have a "disability" as defined under applicable law, and
II. request that the company provide you with a reasonable accommodation.

If you would like to request such an accommodation, we will need you to provide the following information. Further, you will need to provide documentation from your healthcare provider ("HCP") in order to consider and evaluate your request.

1) A statement from you indicating you believe you have a disability as defined by the American with Disabilities Act and/or its amendment(s). Information may be found at http://www.dol.gov./dol/topic/disability/ada.htm.

2) A description of the accommodation or change you are requesting

The following should be completed by your Heath Care Provider:

1) Does the employee have a physical or mental impairment? Yes / No
2) If yes, what is the impairment? _____
3) Is the impairment long-term or permanent? Long-Term / Permanent
4) If not permanent, how long will the impairment likely last? _____

Please answer the following questions based on what limitations the employee has when his or her condition is in the active state and no mitigating measures are used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

5) Does the impairment substantial limit a major life activity? Yes / No

6) If yes, what major life activity(ies) is/are affected? _____

_____

_____

7) Does the impairment substantially limit the operation of a majorly bodily function? Yes / No

8) If yes, what bodily function(s) is/are affected? _____

_____

_____

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. Your answers to the following questions may help determine whether the requested accommodation is needed because of the disability:

9) What limitation(s) is/are interfering with the employee's job performance? _____

_____

_____

10) What job function(s) is/are the employee having trouble performing because of the limitation(s)? _____

_____

_____

_____

11) How does the employee's limitation(s) interfere with their ability to perform those job function(s)? _____

_____

_____

_____

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship on the employer. Your answers to the following questions may help determine effective accommodations:

12) Do you have suggestions regarding possible accommodations to improve job performance? If so, what are your suggestions? _____

_____

_____

13) How would your suggestions improve the employee's job performance? _____

_____

_____

Other comments: _____

_____

_____

_____

In accordance with the Genetic Information Nondiscrimination Act of 2008 (GINA), please (i) do not provide any genetic information when responding to this request for information, and (ii) provide a copy of this letter to your health care provider so s/he knows not to provide any genetic information pertaining to you when responding to this request for information. For purposes of your or your health care provider's response, "genetic information," includes family medical history, genetic test results, the fact that you sought or received genetic services, or genetic information of a fetus carried by or an embryo lawfully held by you.

_____ _____

Signature of Health Care Provider Date

Provider's Name and Business Address:

_____

_____

Type of Practice / Medical Specialty:

_____

Telephone: (_____)_____ **Fax**: (_____)_____