Employee and Applicant Request for Accommodation Form - Instructions

Dear Provider,

Your patient/client has requested workplace accommodations from the HR Representative at Gratz College. We provide reasonable accommodations for employees with disabilities and temporary medical conditions in accordance with the Americans with Disabilities Act of 1990 (ADA), Americans with Disabilities Act Amendments Act of 2008 (ADAAA), Section 504 of the Rehabilitation Act of 1973, as well as other applicable state and federal laws. Individuals requesting accommodations must disclose the nature of their impairment and provide documentation that verifies their current level of functioning.

You have been asked to complete this Employee and Applicant Request for Accommodation Form as documentation for your patient/client. In an effort to provide appropriate access to accommodations and services for this employee/applicant, we ask that you please complete all appropriate sections of this form as comprehensive documentation assists the HR Representative in determining appropriate accommodations.

To review Gratz College Employee and Applicant Accommodation Request Documentation Guidelines, visit our website. (www.gratz.edu/employment/employee-accessibility-policies/employee-accomodation-documentation-guidelines)

Please take note of the following as you complete this form:

A. **The person completing this form must be a healthcare provider who is either (1) qualified to assess and diagnose the employee's condition, and/or (2) is a part of the employee's treatment for a previously diagnosed condition (3) and is not a family member.** These professionals are generally trained, certified, or licensed to diagnose and/or treat medical conditions. Examples include psychiatrist, psychologist, therapist, social worker, medical doctor, optometrist, speech-language pathologist.
B. **Please complete all parts of this form as thoroughly as possible.** Incomplete information, illegible handwriting, or missing fields may delay the eligibility review process by necessitating follow up contact for clarification. We recommend typing answers directly on this form, if possible, to avoid delays in processing.
C. Please attach any other documentation or information you think would be relevant in determining the employee's workplace accommodations.
D. Must attach, on letterhead, information which confirms the diagnosis and includes the address, telephone number, name, title and credentials of the evaluator.
E. **The information you provide will be kept in the employee's file in the Administrative Office where it will be held securely and confidentially.** This form may be released to the employee if requested.

F. **Specific types of disability documentation:**

1. For employees with diagnosed learning disabilities, the assessment or evaluation should be current. The assessment should use adult measures and include full results including a diagnostic interview, assessment of both aptitude and achievement and result in a diagnosis.
2. For employees with ADHD, psychological disorders, and/or chronic health conditions, documentation should include a clearly stated diagnosis, a description of functional limitations, be current within one year, include a list of any test instruments used in making a diagnosis, and a recommendation of specific accommodations.
3. For employees with blindness or visual impairments, documentation should include a clear diagnosis, severity of the condition, cause of visual impairment, date of onset, visual field and acuity, the functional impact of the impairment as related to essential full functions of the job and lists any auxiliary aids and assistive technology that is needed to circumvent stated functional limitations.
4. For employees with mobility and/or a physical disability, if the disability is a permanent condition, documentation of any age is considered. If the disability is based on a temporary condition, the documentation should be no older than one year.
5. For employees who are Deaf or are hard-of-hearing, documentation will include a clinical diagnosis from an audiologist, speech and hearing specialist or other qualified medical professional. In addition, documentation will include a current audiogram, a summary of assessment and evaluation instruments used in making the diagnosis, a statement of functional impact and specific need for accommodation, use of assistive listening devices, interpreters, or captioning.

Once completed, please return this form back to the employee or applicant so that they may deliver documentation to the HR Representative. If you have questions regarding this form, please contact the HR Representative at humanresources@gratz.edu.

Employee Request for Accommodation - Form

Employee Information			
Employee Name		DOB	
Employee Email		Phone Number	

Diagnostic Information	
List specific diagnoses	
Dates of services	
Date of diagnosis	
Procedure/assessments used to diagnose this condition*	
Current treatment plan	
Additional Comments related to the employee's diagnoses:	

**Attach copies of supporting documentation (evaluation, etc.) when possible*

Workplace Accommodations Information	
How does the individual's disability and/or treatment impact their performance of the essential job functions?	
Please list out specific recommendations regarding workplace or job accommodations.	
Additional Comments that you feel may be helpful in determining accommodations. Attach additional sheets if needed.	

Provider Name		Title & Credentials	
Provider Signature		Date	
Email Address		Phone Number	
Fax Number			