

**CONFIDENTIAL
SUNY ONEONTA**

Reasonable Accommodation Request Form - Employee

The purpose of this form is to assist SUNY Oneonta in determining 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 must be filed separately from the employee's personnel file and be treated confidentially.

INSTRUCTIONS: Employee complete pages 1 and 2, print clearly or type, and submit to Human Resources, 208 Netzer Administration Building.

Employee name: _____

Campus address: _____ Campus phone: _____

Job title: _____

Supervisor name: _____ Supervisor phone: _____

I give SUNY Oneonta permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where input is required related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize SUNY Oneonta to consult with appropriate internal and external experts or the medical/mental health professional that provided the documentation.

(Employee signature) (Date)

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

A. Describe the physical or mental limitation(s) you are experiencing and the expected duration of each. It is not necessary to indicate a specific medical diagnosis or condition. (What is getting in the way of you performing your job duties?)

B. What essential functions (what parts, tasks, etc.) of your position are affected by your condition(s)?

C. To help us identify any effective accommodation(s), what do you think will make it possible for you to perform the essential functions of your position?

D. Have you discussed this with your supervisor? _____ Yes _____ No

Human Resources may contact your supervisor(s) at any time to discuss this request.