REQUEST FOR ACCOMMODATION FORM

CONFIDENTIALITY STATEMENT:
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

SECTION 1: REQUESTOR INFORMATION

Requestor's Name: _____

Requestor is *(check only one)*: ☐ Employee ☐ Job Applicant ☐ Visitor / Public

Requestor's Email Address: _____

Requestor's Phone #: _____

If Requestor is an employee, also provide: Job Title: _____

Division/Unit:_____ Supervisor's Name: _____

SECTION 2: REQUESTED ACCOMMODATION *(Attach a separate sheet if additional space is needed)*

A. Please describe the nature of your disability and the functional limitations resulting therefrom.

_____

_____

_____

B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

	Accommodation Type:	Reason for Accommodation Request:
1.	☐ Application/Testing Process Explain the specific application/testing requirement for which accommodation is requested: (→)	
2.	☐ Participating in a Job Interview Identify the Date/Time/Location of the job interview for which an accommodation is requested: (→)	
3.	☐ Performance of Essential Functions of Your Job Explain the job duties for which accommodation is requested: (→)	
4.	☐ Benefits/Privileges of Employment Explain the benefits or privileges of employment for which accommodation is requested: (→)	
5.	☐ Pregnancy, Childbirth or Related Condition Explain how pregnancy, childbirth or a related condition affects your ability to perform your job: (→)	
6.	☐ Effective Communication Identify the Date/Time/Location for which an auxiliary aid is requested: (→)	
7.	☐ Access to Programs, Services or Facilities Identify the specific program, service or facility for which access is needed: (→)	

C. Describe the accommodation(s) requested. *(Identify specific auxiliary aid requested, if applicable)*

_____

_____

_____

Requestor's Signature: _____ Date: _____

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SECTION 3: TO BE COMPLETED BY AGENCY ADA COORDINATOR

a. Process Tracking:
   1. Date the Request for Accommodation was prepared/signed by Requestor: _____
   2. Date the Request for Accommodation was received by ADA Coordinator: _____
   3. Date of initial contact with Requestor *(initiate interactive process)*: _____
   4. Date(s) of follow-up contact with Requestor: _____ _____ _____
   5. Date the Request for Accommodation was discussed with Appointing Authority: _____
   6. If applicable, date the alternative accommodation(s) was discussed with Requestor: _____
   7. Date Requestor was notified of final accommodation determination: _____
   8. Date Requestor was notified of internal grievance procedure: _____

b. Is there an equally effective accommodation(s), other than the one requested, that would satisfy the request? *(Consult with www.askjan.org or Louisiana Rehabilitation Services, if necessary)* ☐ Yes ☐ No

   If Yes, please identify: _____
   _____
   _____

c. Was an accommodation granted? ☐ Yes *(Proceed to section d. below)* ☐ No *(Proceed to section e. below)*

d. Accommodation Granted:

   Was the accommodation granted the same as the one requested? ☐ Yes ☐ No

   If an alternative, equally effective accommodation was granted, explain the reason this option was selected rather than the one requested. *(Reason for alternative accommodation should be fully documented.)*
   _____
   _____
   _____

e. Denial of Accommodation:

   Check reason for denial **and** provide further explanation below. *(Denials should be fully documented.)*

   ADA Title I (for employees / applicants)
   - ☐ Requestor is not a "qualified individual" (See Definition in agency policy)
   - ☐ Accommodation would pose an undue hardship to the agency
   - ☐ Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

   ADA Title II (for visitor / public)
   - ☐ Requestor is not a "qualified individual" (See Definition in agency policy)
   - ☐ Accommodation would fundamentally alter the nature of the agency's service, program or activity
   - ☐ Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

   _____
   _____
   _____
   _____

ADA Coordinator's Signature: _____ Date: _____