

Checklist and guide

Reasonable accommodation requests

FOR HUMAN RESOURCES USE ONLY

Document purpose

This form is used by Human Resources staff to:

- Assist in documenting the decision-making process for reasonable accommodation requests.
- Serve as an aide for conducting an interactive meeting with employee or applicants who request a reasonable accommodation.
- Help employees understand the decision points and documentation requirements.

This document is not intended to document recurring accommodation requests previously documented or job modifications for persons with medical restrictions but are not disabled within the meaning of the Americans with Disabilities Act (ADA) and state law.

General information

Employee or applicant name	
Department	
Job title, position or classification	
Supervisor name	

Reason for initiating the reasonable accommodation process

- Current job or position
- Desired job and/or exam/interview/training
- Known physical or mental impairment is observed having difficulty performing essential functions
- Employee makes it known to his or her supervisor or manager that his or her medical condition is affecting the employee's performance of the essential functions of their job
- Applicant requests reasonable accommodation for a component of selection process
- Employee/Applicant's medical assessment indicates he/she may be a person with a disability
- Employee/Applicant requests reasonable accommodation for equal employment opportunities
- Other:

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Step 1 | Accommodation request form

Was the Employee/Applicant given the Request for Reasonable Accommodation Form to complete?

- Yes. Date given the form _____
- No. Please explain

Step 2 | Determine if Employee/Applicant has a disability

Is documentation required to substantiate that the employee has a disability or impairment that substantially limits a major life activity.

- Yes.
Date requested: _____
Date received: _____
- No documentation requested.
 - impairment obvious
 - Substantiating documentation is already on file
 - Other _____

Impairment or limitations on major life activity:

Proceed with interactive meeting if it is determined that Employee/Applicant has a disability that requires reasonable accommodation. Skip to Step 7 if Employee/Applicant does not have a disability. If necessary, consult with Labor Employee Relations and OMA before proceeding with the interactive process.

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Step 3 | Interactive meeting with employee

Date interactive meeting scheduled/held with individual: _____

List names of all persons present during interactive meeting:

Is an essential job function in question?

Yes. List which ones:

No

Discussion guide for interactive meeting

Identify and discuss essential functions of the job

Ask Employee/Applicant to identify functional limitations/work restrictions as they apply to their current position or position sought.

Ask Employee/Applicant what accommodations they need to perform the essential functions of the job. Is a specific accommodation requested to enable performance of the job?

Check this box if individual was asked for suggestions but had none.

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Post interactive meeting documentation

Are there other accommodations that would enable the individual to perform their job other than what the employee requested? (Possible sources of assistance to identify possible reasonable accommodations are: other supervisor/managers, medical personnel, safety specialists, HR personnel, national Job Accommodation Network.)

If the individual is a qualified employee with a disability and no accommodations have been identified that would permit performance of his/her job, then reassignment to another suitable and available job (not necessarily in the same classification) may be a reasonable accommodation if it does not create an undue hardship on Metro. This does not apply for job applicants. Discuss other jobs at same or lower level and explore whether another job(s) might need to be considered. The employee must meet qualifications for the other job including any examination or performance tests and be able to perform the essential functions with or without accommodation.

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Step 7: Healthcare provider verification

A. Verify qualified person with a disability?

Is it necessary to contact the employee's health care provider to determine if the employee is a "qualified person with a disability"?

Yes.

Date request sent to provider: _____

Date received: _____

No. Please explain:

B. Able to perform duties with or without accommodation?

Was the employee's health care provider sent a letter requesting that they determine if the employee is able to perform the job duties of the position with or without accommodation?

Yes.

No. Please explain:

A signed authorization to release medical information must be completed by employee and included.

The employee's health care provider may provide documentation that describes the nature, severity, and duration of the employee's impairment; the activity or activities that the impairment limits; and the extent to which the impairment limits the employee's ability to perform the activity or activities; AND substantiates why the requested reasonable accommodation is needed.

Human Resources will send the employee a current classification description to review to confirm essential job functions. If necessary, current classification information may be edited to reflect the Employee's current essential job functions with the supervisor's approval before being forwarded to the health care provider.

C. Documentation received and/or verified?

After receiving documentation from the health care provider(s), has a health care provider documented that the employee has a physical or mental impairment that substantially limits the employee's ability to perform essential job functions?

No Yes Other

If yes or other, what are the recommendations:

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Step 8: Results of interactive process

- Accommodation provided

Date provided: _____

Approximate cost of accommodation if any: _____

Describe accommodation:

- Accommodation denied. Refer to the *Accommodation request resolution form* for instructions.
Was there an attempt to find other suitable and available employment for the Employee within Metro?
- Yes
- No

Human Resources staff completing this document: _____