



Employee Accommodation Request Form

Purpose:

In accordance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Western Oregon University provides reasonable accommodations to qualified individuals with disabilities to enable them to perform the essential functions of their positions. The purpose of this form is to assist the University in determining whether a reasonable accommodation is required for you to perform the essential functions of your job safely and effectively, and if so, what accommodation is most appropriate.

To request an accommodation, please provide the information requested below and the documentation from your physician as outlined on the attached sheet. You should then submit the information to Human Resources. Please contact the Human Resources to discuss any questions you may have regarding your request.

To be completed by employee:

Name		WOU ID #
Department	Position Title	
Please describe the condition for which you are requesting an accommodation		
Please describe the accommodations you believe are needed to enable you to perform the essential functions of your position		

See attached sheet for an outline of necessary documentation to required to accompany this form.

Outline of documentation needed:

All documentation should be typed on Physician's letterhead and signed by the physician. Documentation should include the following:

Diagnosis: A specific diagnosis of each disability that will affect an employee while fulfilling their job duties.

Functional Limitations: Those limitations, which will impact the employee's ability to perform the essential duties of their position. Functional limitations should be specific to the employee and their needs. Tests administered to determine the extent of the disability and the functional limitations.

Medications: If any medications are used to treat a specific disability, those should be listed with the side effects that they have on the employee.

Recommendations: If the physician has any specific recommendations that he or she would like the university to consider when making reasonable accommodation, please include these recommendations.

Additional information for employees:

In accordance with the Americans with Disabilities Act, Western Oregon University provides reasonable accommodations to qualified individuals with disabilities who require such accommodations to safely and effectively perform the essential functions of their positions. Any employee with a disability is welcome to request such reasonable accommodation(s). You should request a reasonable accommodation by filling out and submitting the Employee Accommodation Request Form. The form can either be submitted through your supervisor, or directly to Human Resources.

Your request and required documentation must be forwarded to and reviewed with Human Resources to determine the appropriate action to be taken, and to obtain assistance, if necessary, in implementing any accommodation that is provided. The request will be discussed with your supervisor to the degree necessary to properly evaluate the request and to implement any accommodation provided. You may request that the director not disclose the nature of the disability to your supervisor. Whether, or to what degree, such a request can be honored will depend upon what information must be provided to your supervisor to allow him or her to assist in the decision regarding appropriate accommodations.

The documentation provided by your physician should be submitted to Human Resources. Your request for reasonable accommodation, and any information submitted in support of or related to that request, will be kept confidential, except that it will be shared with those University officials who are involved in evaluating and/or implementing the request. Any questions regarding the reasonable accommodation policy or process should be directed to Heather Mercer, Associate Director, Human Resources, mercerh@wou.edu or 503-838-8963, 503-838-8522 (fax).

Additional information for supervisors:

This form is to be provided to an employee who requests reasonable accommodation for a disability. The employee may choose to return the form to you, or to Human Resources. If the employee returns the form to you, you should forward it to Human Resources along with any documentation provided by the employee's health provider. In no case should action be taken on a request for accommodation without consultation with Human Resources.

HR USE ONLY:

Received by	Date
Action taken	
Date employee informed of action	