

EMPLOYEE REASONABLE ACCOMMODATION REQUEST FORM

Name _____

Employee ID Number _____

Department/Organization _____

Position Class _____

This form should be completed after an employee has indicated his or her desire to request a reasonable accommodation from Governors State University. Upon completion, this form must be delivered to the ADA Coordinator located in the Human Resources office. Mark the envelope "CONFIDENTIAL".

TO BE COMPLETED BY EMPLOYEE

Identify and describe the physical or mental disability, handicap, illness, condition or disease which is the basis for your request for reasonable accommodation(s) by Governors State University. [See definition of "disability" at end of form.]

Identify and describe the essential function(s) of your job which you are unable to perform without reasonable accommodation(s) by Governors State University. [See definition of "reasonable accommodation" at end of form.]

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Identify and describe any special methods, skills or procedures which you believe would enable you to perform the essential functions of your job.

Identify and describe any equipment, aids or services that you are willing to provide and utilize.

Identify the names and addresses of physicians, therapists, psychologists or other health care providers who have information or documentation concerning your disability, illness, condition or disease or your need for a reasonable accommodation by Governors State University.

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I hereby authorize the above-listed health care providers and any others who have treated me to release to Governors State University all medical records concerning the disability, handicap, illness, condition or disease disclosed herein and provide any opinions to Governors State University concerning my ability to perform job-related functions with or without reasonable accommodation.

I certify that I have read and reviewed the job description for my job or position and/or I have been informed of the essential functions of my job. I further certify that the foregoing statements are complete, accurate and true to the best of my knowledge, and I understand that a misstatement or omission of fact may be cause for disciplinary action.

I also understand that Governors State University may require me to undergo testing or evaluation by medical personnel retained by Governors State University for the purpose of establishing the existence and extent of my disability, illness, condition or disease and my ability to perform job-related functions with or without reasonable accommodation. I further understand that Governors State University's consideration of my request for an accommodation is not an admission by Governors State University that I am disabled or handicapped, that I am perceived by Governors State University as being disabled or handicapped, or that Governors State University is legally obligated to provide the accommodation requested.

Employee's Signature:

Date:

"DISABILITY" includes a physical or mental impairment that substantially limits one or more major life activities. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

"REASONABLE ACCOMMODATION" includes any modification to the job or work environment to enable an employee to perform the essential functions of the job in question. These definitions are provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definitions of these terms or impose obligations on Governors State University not required by law.