



## ADA Request for Accommodation Process

The following procedures will be used to process requests for reasonable ADA accommodations as provided for in the Americans with Disabilities Act (ADA).

1. If you need a workplace accommodation, first, speak with your immediate supervisor regarding your needs.
  - If you and your supervisor agree on a reasonable accommodation, you do not need to continue with this process.
2. If you and your supervisor disagree, or the supervisor is unable to provide the requested accommodation, work with your supervisor to complete the following forms which are attached to this document:
  - a. **ADA Request for Reasonable Accommodation Form.** This form will help the district's ADA Committee to assess your specific disability or impairment and decide on a reason accommodation.
  - b. **The ADA Health Care Provider Form.** Medical documentation must be from an appropriate health care provider and should clearly:
    - i. Identify the qualifying medical diagnosis;
    - ii. Specify the impact of the diagnosed condition to the individual's major life functions, including working and learning.
    - iii. Explain how the impairment or disability restricts or limits work performance or learning.
3. Submit the completed forms to the EEO Office. Once your completed forms are received, you will be contacted by EEO Staff.
4. Within 30 working days of receiving your ADA request form and supporting medical documentation, your request will be reviewed by the ADA Committee. You and your supervisor will be notified of the ADA Committee's determination. The district's ADA Committee meets monthly throughout the school year.
5. Persons wishing to appeal an ADA Committee determination may do so by following the district's **Citizen's Complaint Process**. Citizen's Complaint Forms are available on the district's website or from the EEO Office.
6. **All ADA accommodation equipment and devices, including assistive technology & technological enhancements, are the property of the Anchorage School District and must be returned by the employee to the EEO Office upon leaving employment with the district.**



## Section B: How can we help you?

**What accommodation do you need? (Check all that apply)**

<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Assistive technology	<input type="checkbox"/> Access to school facility <input type="checkbox"/> Access to school program: <input type="checkbox"/> Structural Change	<input type="checkbox"/> Non-structural change <input type="checkbox"/> Other/Explain
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**The requested services are for:**

<input type="checkbox"/> Myself <input type="checkbox"/> Visitor on official business	<input type="checkbox"/> My employee <input type="checkbox"/> Job applicant <input type="checkbox"/> School Program	<input type="checkbox"/> Student <input type="checkbox"/> Parent of a Student <input type="checkbox"/> Other:
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## Section C: Job Accommodation Information

*(This section for Employees only)*

<b>Is there a <u>Worker's Compensation Claim</u> in place at this time?</b>	<b>Yes</b>	<b>No</b>
If yes, what is the Workers Compensation Claim number? _____		

**On the back of this form briefly explain the following:** \_\_\_\_\_ →

- A. How do you accommodate your limitations outside of the workplace?**
- B. What are the primary limitations that you are experiencing when performing your job duties?**

**What accommodation(s) are you requesting?**

- Sign language interpreter services (please indicate the date and length of time service is needed)
- Computer modification (adaptive keyboard, alternative mouse, voice input, screen reader, screen magnifier, Braille display, etc.)
- Communication technologies (TTY, PC TTY, telephone amplifier, signaling devices, assistive listening device, telephone headset, etc.)
- Workspace modifications (non-structural changes to furniture or storage)
- Services (readers, note takers, personal assistance services)
- Media in alternative formats (Braille, large print, ASCII, audio, captioning)
- Other: \_\_\_\_\_
- Not sure what I need

**Note: If you have a particular accommodation in mind, please describe it and include specific information such as the brand or model name.**

**Do you currently use accommodations or other assistive technologies?**

**Yes (If yes, please describe):**

**No**

*Thank you for taking time to complete this form.*

**Prior to submitting your request to the ADA Committee, someone from the EEO Office will review your request and supporting documentation and will contact you to discuss the process and, if necessary, request additional information. Feel free to contact us if you have any questions.**

**Signature of Person (s) Completing this form:** \_\_\_\_\_

### **Facts about the ADA**

- ❖ The **Americans with Disabilities Act (ADA)** requires employers to provide reasonable accommodations to enable disabled persons to perform the essential functions of a job for which they are applying or in which they are working.
- ❖ The ADA places the initial burden on the employee to inform his/her employer of a need for an accommodation for his disability.
- ❖ To be protected, an employee must establish that he/she is disabled within the meaning of the statute. Under the ADA, workers must satisfy a **three-part test** before they are entitled to the benefits and protections of the Act.
  - a. First, the employee must demonstrate that he/she has a physical or mental impairment that substantially limits one or more of her major life activities.
  - b. Second, the employee must establish that her impairment substantially limits a "major life activity;  
And
  - c. Third, she must establish that even with the disability, he/she can perform the essential functions of her job, with or without reasonable accommodation.
- ❖ Not every illness or ailment qualifies as a "disability" under the ADA.
- ❖ An employer is required to make a reasonable accommodation to the known disability of a qualified applicant or employee if it would not impose an "undue hardship" on the operation of the employer's business.
- ❖ A reasonable accommodation vary and must be examined on a case-by-case basis to determine whether it will be effective and whether it will constitute an undue hardship on the employer. Employers should start the accommodation process by discussing it with the disabled worker.
- ❖ Not all people with disabilities (or even all people with the same disability) will require the same accommodation.
- ❖ The ADA covers all private employers, state and local governments, and educational institutions that employ 15 or more individuals.

# ADA Healthcare Provider Form

<b>Name:</b>	<b>Date:</b>
<b>Work Location</b>	<b>Position:</b>
<b>Work Phone:</b>	<b>Home Phone:</b>

The above named employee has been referred for eligibility under ADA (Americans with Disability Act). **Please respond to each of the questions and return this form to the address below.** Thank you for your time and prompt response!

1. What is the diagnosis or record of the physical or mental impairment/disability? \_\_\_\_\_
2. Is this a temporary condition? \_\_\_\_Yes \_\_\_\_No if yes, what is the anticipated duration? \_\_\_\_\_
3. Indicate which major life activity is substantially limited by the diagnosed condition? Please check all that apply

Walking	Breathing	Reading
Hearing	Speaking	Thinking
Self-Care	Seeing	
Working	Other _____	

4. Explain how the diagnosed condition substantially limits the major life function(s) you identified in #3 on a daily or regular basis?  
\_\_\_\_\_  
\_\_\_\_\_
5. Explain how does the diagnosed condition impact the individual's job performance?  
\_\_\_\_\_  
\_\_\_\_\_

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**Signature of Health Care Provider**                      **Printed Name**                      **Date**

EEO #001  
07/09

**Equal Opportunity Employment Office**  
ASD Education Center  
5530 E. Northern Lights Blvd  
Anchorage, AK 99504-3135  
742-4132