



**CONFIDENTIAL**

## **Employee Disability Accommodations Request Form**

An employee who wishes to request a reasonable accommodation should complete this form with a qualified health care professional. The form and supporting documentation must be submitted to Human Resources. The form will be maintained separately from the employee's personnel file. For service animal requests and additional information, please refer to the [Accommodations for Employees with Disabilities policy](#).

Documentation should be as descriptive as possible. At minimum, it should include the following information:

1. A diagnostic statement identifying the disability, date of the most current diagnostic evaluation, and the date of the original diagnosis.
2. A description of the diagnostic tests, methods, and/or criteria used.
3. A description of the current functional impact of the disability which includes specific test results and the examiner's narrative interpretation.
4. Treatment, medications, and/or assistive devices/services currently prescribed or in use.
5. A description of the expected progression or stability of the impact of the disability over time, particularly during the employee's expected time at Durham Tech.
6. Recommended accommodations/services (i.e., flexibility in hours/duties, specialized furniture/equipment) for the work environment.
7. The name, credentials, and license number of the diagnosing professional.

All documentation must be typed, signed by a qualified health care professional, submitted on the health care professional's letterhead, and include the date the documentation was completed. If the employee provides incomplete or inadequate documentation to substantiate his or her disability and/or the need for the requested reasonable accommodation, the College may, at its discretion, require the employee to provide additional information. The employee is responsible for all associated expenses; the College is not financially responsible for any costs related to documentation required to support the need for an accommodation.

### **EMPLOYEE INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

### **HEALTH CARE PROFESSIONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Practice/Hospital Name: \_\_\_\_\_

## To Be Completed by the Employee and a Qualified Health Care Professional

### A. Questions to help establish whether an employee has a disability.

A person has a disability under the ADA if the person has an impairment that substantially limits one (1) or more major life activities. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment? ☐ Yes ☐ No

Description of impairment:

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The impairment is: ☐ Temporary ☐ Long-Term ☐ Permanent ☐ Not Sure

If not permanent, how long will the impairment likely last? \_\_\_\_\_

Does the impairment affect a major life activity? ☐ Yes ☐ No

If yes, what life activity(ies) is/are affected?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Caring for Self         | <input type="checkbox"/> Sleeping                | <input type="checkbox"/> Learning     |
| <input type="checkbox"/> Walking                 | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reproduction |
| <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Reaching                | <input type="checkbox"/> Working      |
| <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Speaking                | <input type="checkbox"/> Toileting    |
| <input type="checkbox"/> Interacting with Others | <input type="checkbox"/> Concentrating           | <input type="checkbox"/> Sitting      |
| <input type="checkbox"/> Standing                | <input type="checkbox"/> Breathing               |                                       |
| <input type="checkbox"/> Seeing                  | <input type="checkbox"/> Thinking                |                                       |

Other (describe): \_\_\_\_\_

Is the employee substantially limited in one or more of these major life activities? ☐ Yes ☐ No

### B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is/are interfering with job performance?

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What job function(s) is/are the employee having trouble performing because of the limitation(s)?

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How does the employee's limitation interfere with his or her ability to perform the job function(s)?

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**C. Questions to help determine effective accommodation options.**

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

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How would your suggestions improve the employee's job performance?

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**D. Comments**

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**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health Care Professional Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Durham Technical Community College Use Only**

Immediate Supervisor Signature:  
Date Received:

Director, Human Resources Signature: \_\_\_\_\_  
Date Received: \_\_\_\_\_