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**OFFICE OF EQUITY**

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**FACULTY AND STAFF REQUEST FOR REASONABLE WORKPLACE  
ACCOMMODATION FORM**

*This form will not be placed with your application or in your personnel file. It will be maintained within the Office of Equity. Contents of this request will be kept in confidence except as needed to address the request for an accommodation.*

**The Process – General Information**

A reasonable workplace accommodation is any modification or adjustment to an employee's customary tasks or responsibilities that enables a qualified employee with a "disability" to perform essential job functions without undue hardship on Case Western Reserve University. A reasonable workplace accommodation assures that a qualified individual with a disability has employment rights and privileges equal to those of employees without disabilities. To consider your request for a workplace accommodation, please provide the required information and submit it to the Office of Inclusion, Diversity and Equal Opportunity. Upon receipt of this information you will be contacted to schedule a confidential appointment by a representative from the Office of Equity, who will provide additional assistance in the determination and implementation of the accommodation.

Additionally, in the context of assessing an accommodation request, documentation will be needed to determine if the employee has a disability covered by the Americans with Disabilities Act

(ADA), to determine the functional limitations, to use as a guideline for identifying an effective and reasonable accommodation and to determine the entitlement to the accommodation. With your permission, documentation might include consultations with knowledgeable professional sources, such as physicians, psychologists, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities.

The Office of Equity will coordinate with your supervisor, Parking and Access Services, or appropriate parties. For most disabilities, the faculty or staff member will also be referred to the appropriate office for a confidential consultation and assistance with the process.

**The faculty or staff member has the responsibility to ensure that the medical provider follows through on requests for medical information.**

**For assistance, contact: Office of Equity at 216-368-3066**

**Office of Equity  
Thwing Center, Suite 318  
Location Code 7068**

**Part A** - To be completed by the faculty or staff member.

**Date of Request:** \_\_\_\_\_

**Name:**

\_\_\_\_\_

\_\_\_\_\_

*Last Name*

*First Name*

**Position Title:**

\_\_\_\_\_  
\_\_\_\_\_

**Department/Management Center:**

\_\_\_\_\_

**Manager/Supervisor/Chair/Dean:** \_\_\_\_\_

\_\_\_\_\_

**Departmental HR Representative:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Zip**

**Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_)\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

**Cell Phone:**

**Campus Address:**

\_\_\_\_\_

\_\_\_\_\_

**Location Code:** \_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

**Campus Phone:**

**Email:** \_\_\_\_\_@case.edu

**How would you prefer to be contacted? Please select one.**

Home Phone  Office Phone  Email  Cell Phone

**Employment Classification – Please select one.**

Full-time  Part-time  Other

\_\_\_\_\_

**Employment Category – Please select one.**

Faculty  Staff

**Part B - Interview Questions:** To be completed by the employee. This will be reviewed during an in-person interview with a representative from the Office of Equity.

1. What is the nature of your disability, including your diagnosis?
2. Is this a permanent or temporary disability? If temporary, what is the duration of your condition?
3. What work-related limitations caused by your disability are you currently experiencing?
4. What are the essential functions of your job? If possible, please attach your current job description.

5. Describe the accommodations you are requesting, including any adaptive equipment. Be as specific as possible.

6. Are you in need of an individual emergency evacuation plan? If so, please indicate what accommodation you would need for this plan?

**Part C** - To be signed by the staff member after the personal interview with a representative from the Office of Equity. At the conclusion of the evaluation, our office will work with your supervisor, Parking and Access Services, or other appropriate parties to address your request.

## **VERIFICATION AND ACCURACY**

I verify that the above information is complete and accurate to the best of my knowledge.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

By signing below, I understand that I am granting the Office of Equity permission to contact the appropriate individuals and/or offices to determine my request for reasonable accommodation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **Complete and Return to:**

Office of Equity  
Thwing Center, Suite 318  
Location Code 7068

July 11, 2019

