STATE OF VERMONT REQUEST FOR REASONABLE ACCOMMODATION

(This Section is to be Completed by the Employee)

This form contains confidential information and <u>must be kept separate</u> from personnel records.

Employee Name: Employee Number: Agency/Department:		Job Title: Supervisor's Name: Work Phone				
				Work	Address:	Alternate Phone:
				1.	Please describe the job duties that are exaccommodation.	xpected of you for which you are requesting
2.	Please describe the <u>functional limitation</u> requesting accommodation. (Attach med major life activities are limited by your dis	caused by your condition for which you are dical documentation) Specify which of you ability.				
3.	Please describe any potential reasonable above limitations.	e accommodation that would overcome the				
	Employee's Signature:	Date:				

INSTRUCTIONS

This form is to be used by agencies/departments in analyzing employee requests for reasonable accommodation under the Americans with Disabilities Act (ADA) and/or the ADA Amendments Act (ADAAA). Page one is to be completed by the employee and given to his or her supervisor. The supervisor will complete pages 2 & 3 and forward them to the HR Business Partner for action. The <u>original</u> forms must then be forward to the Reasonable Accommodation Committee (RAC) Chair for appropriate action (see Reasonable Accommodation Policy). For questions, please contact the RAC Chair at 802-828-3454.

STATE OF VERMONT REQUEST FOR REASONABLE ACCOMMODATION – Part Two

(This Section is to be completed by the Supervisor)

1. If the employee's need for accommodation is not obvious or you have questions as to whether or not an accommodation is needed, please request that the employee provide documentation of his/her functional limitation(s) to support the request. (i.e. written documentation from a doctor, rehabilitation counselor, occupational or physical therapist, etc.). Please attach documentation and check below.

	Documentation is	is not	attached.
2.	What are the primary duties of the empas job specifications, performance stands be attached.		
3.	If the accommodation request is granted, impact any other position or the position's		•
4.	What specific duties require accommod the employee's position?	lation(s)?	Are these duties essential to
5.	Are alternative accommodation(s) possible employee? If so, please list alternative a		

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	What accommodation(s) do you recommend? If none why.	e recommended, state reasons
7.	What is the estimated cost of the accommodation(s)?	
Sup	pervisor's Signature	Date
	****** AGENCY/DEPARTMENT CERTIFICA	ATION *****
Please ind	licate approval or denial of request and provide signa	tures.
<u>Approved</u>	<u>Denied</u>	
	Appointing Authority Signature	Date
Please chec	k appropriate box below:	
	RAC review is required Advisory opinion requested from RAC Copy for RAC files	
Additional	Comments:	