

Employee/Applicant Request Form

To request a reasonable accommodation please complete (print) and sign this form. Attach additional pages as needed. Please refer to the Administrative Procedures Manual (APM) 50.52 for more information. Make sure all sections are completed and legible. If you have any questions, please call Human Resources at (208) 885-3638 or email hrbp@uidaho.edu for further assistance. **Note: Provide a copy of the job description/position description for the job listed below to your licensed health care provider along with the required Health Care Provider Documentation Form which must be returned to HR to initiate the interactive process.** If you need a copy of the current job description/position description, please contact hrbp@uidaho.edu for assistance in obtaining one. Do not provide medical information to your supervisor or department.

REQUESTING APPLICANT/EMPLOYEE (please print clearly):

Name (Last, first, middle initial):	Vandal ID #: (If applicable)	Job Title:
Department:	Work Email Address:	Work Telephone:
Work Location / Building:	Supervisor Name:	Supervisor Telephone:
Home Address:	Home Email Address:	Home Telephone:

Employee Type: Faculty Staff Applicant Temporary Employee

Function(s) of the job you are unable to perform due to limitations of disability (please identify and describe the situation, length of disability, etc.): (Attach additional sheet if needed).

Accommodations you are requesting due to disability; check all that apply: (Attach additional sheet if needed).

- Assistive resources. Please describe:

- Facilities modification (e.g. doors widened, ramps installed) Please describe:

- Leave of absence or intermittent leave use. Duration requested (enter dates) From _____ To _____

- Change or reduction in work schedule. Duration requested (enter dates) From _____ To _____
Please describe:

Deliver, Fax or Mail completed form (Page 1-2) to HR, Fax: (208) 885-3602; Mail - 875 Perimeter Drive, MS4332 or Deliver
415 W 6th Street
Moscow, ID, 83844-4332

Other change in work schedule. Please describe:

Modification in job duties. Duration requested (enter dates) From _____ To _____

Describe job duty modification requested:

Other modification. Please describe:

EMPLOYEE/APPLICANT SIGNATURE:

I have attached/or understand I need to provide medical documentation, signed and dated by my physician or other licensed health care provider, that describes my illness, injury, impairment or physical or mental condition and the approximate duration of the condition if temporary. I consent to allow the designated University personnel to consult with my health care provider(s) to gain sufficient information for the University to make a reasonable accommodation determination as it relates to my ability to perform the essential functions of my job or the job for which I am applying.

A “qualified individual with a disability” means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position the individual holds or is applying for.

Note: Human Resources may request additional clarification/verification on medical documentation in order to complete this request. Keep a copy of the form for your records. Submit the original to Human Resources.

Employee/Applicant signature:	Date:
Printed Name: (Last, first, middle)	Vandal ID #: (If applicable)

For Human Resources Use Only: (Interactive Process Not Documented Here)

Date Received in HR:	
Reasonable Accommodation Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature HR Representative:	Date:

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Process

(See APM50.52 for Procedure)

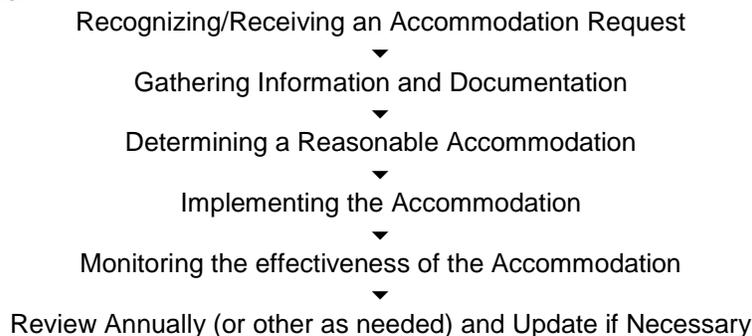
General Information. The University of Idaho provides reasonable accommodations for its employees who are qualified individuals with disabilities in order to enable them to perform the essential functions of their positions. The University also provides reasonable accommodations in the employment application process to help ensure equal employment opportunity to qualified individuals with disabilities.

ADA Definitions. The Americans with Disabilities Act includes specific definitions regarding individuals with disabilities. The following definitions apply to UI procedures:

- **Qualified Individual with a disability means an individual with a disability who can perform the “essential functions” of the position with or without reasonable accommodation.**
 - **Essential Functions** are the fundamental job duties of the employment position the individual with a disability holds or seeks. “Essential functions” do not include “marginal functions”, which are those duties that are incidental to the performance of the fundamental job duties of the position. Criteria used to determine if a particular duty is an “essential function” may include:
 - a) The function may be essential because the reason the position exists is to perform the function,
 - b) The function may be essential because of the limited number of employees available among whom the performance of that function can be distributed; and/or
 - c) The function may be highly specialized so that the incumbent is hired for his or her expertise or ability to perform the particular function.

General Process. A request for reasonable accommodation to enable an employee to perform the essential elements of his or her position, or to enable an applicant for employment to complete the application process, must be initiated by the individual seeking accommodation. Employees and applicants for employment apply for reasonable accommodation at Human Resources (HR) and provide documentation of disability. The appropriate accommodation is identified through an interactive process involving the employee, the Executive Director for Human Resources or designee, the employee’s supervisor, and the department chair or director of the unit.

General Flowchart of Process.



Checklist: Must provide to HR/Health Care Provider for Interactive Process to Begin/Continue Timely

- Employee/Applicant Request Form Submitted to HR
- Health Care Provider (HCP) Documentation Provided to HCP for Completion
- Job Description/Position Description Provided to HCP for Completion
- Completed Health Care Provider Documentation Submitted to HR

Interactive Process Begins

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