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Employee Accommodation Request Form

Reasonable accommodations may be needed to provide equal access and opportunities to qualified individuals with disabilities. If you are a Georgia College employee with special needs that are the result of a disability and you believe that reasonable accommodations will assist you in the performance of your job, please complete this form and return it to the address listed at the bottom of page two (2) of this document.

Name (please print)
Job Title Work Location
Department Work Phone Number
Supervisor Supervisor's Phone Number

Work Schedule (Days and Hours)

Please complete the questions below. Use back of sheet if you need more room to answer any of the questions listed below.

- 1. What is the disability for which you are requesting an accommodation?
2. Please describe the physical, mental, or cognitive impairments, associated with the abovementioned disability, that limit your ability to do your job.
3. What job duties and/or responsibilities are you having difficulty performing as a result of your disability/health condition?

Help for People with Disabilities
Reasonable Accommodation Request Form

The purpose of this form is to help you get the accommodations you need to do your job. If you are not a Georgia College employee, please do not fill out this form. If you are not a Georgia College employee, you do not need to fill out this form.

Name:
Last Name:
First Name:
Address:

Why Do You Need Help?

Tell us how your condition makes it hard to access the benefits and services of your workplace and if you need other papers.

Choose What Help You Might Need Because of Your Condition

- Check all that apply:
- I need help with my work.
- I need help with my physical condition.
- I need help with my mental condition.
- I need help with my cognitive condition.
- I need help with my communication condition.
- I need help with my transportation condition.
- I need help with my housing condition.
- I need help with my childcare condition.
- I need help with my elder care condition.
- I need help with my disability benefits condition.
- I need help with my health insurance condition.
- I need help with my retirement condition.
- I need help with my other condition.

You do not have to give us your social security number. We will keep your information confidential.
Signature:
Date:
Comments:
Please fill out this form only if you are a Georgia College employee.

**EMPLOYEE ACCOMMODATION REQUEST FORM**  
Request for Reasonable Accommodation

**Instructions for Section I**

The Employee Relations and Compliance office in Human Resources is responsible for monitoring and addressing compliance with the [Americans with Disabilities Act](#) as well as [Section 503 of the Rehabilitation Act of 1973](#). Please fully answer each item in Section I, then provide the form along with a copy of your job description, to your healthcare provider to complete Section II. Forward completed forms and attachments to Employee Relations & Compliance, Human Resources, 1980 Arthur Street, Louisville, Kentucky 40208-2770 or to [employeerelations@louisville.edu](mailto:employeerelations@louisville.edu).

**Section I: for Completion by Employee**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home/Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

**Describe your current job duties requiring an accommodation because of a disability:**

\_\_\_\_\_

**Describe the functional limitations caused by your disability for which you are requesting an accommodation. Use additional pages, if necessary. (Attach any additional medical documentation):**

\_\_\_\_\_

**Describe any accommodation(s) you believe would minimize or eliminate the functional limitations listed above. Include any available information relating to source, name of device, etc. Use additional pages, if necessary:**

\_\_\_\_\_

HOSTOS COMMUNITY COLLEGE

**MEDICAL INQUIRY FORM IN  
RESPONSE TO AN ACCOMMODATION REQUEST**

**A. Questions to help determine whether an employee has a disability.**

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

If yes, what is the impairment?

Is the impairment long-term or permanent? Yes  No

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

Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity?  
*Note: Does not need to significantly or severely restrict to meet this standard.* Yes  No

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

<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Other: (describe)
<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Standing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping	
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Concentrating	
<input type="checkbox"/> Breathing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Reproduction	
<input type="checkbox"/> Working	<input type="checkbox"/> Toileting	<input type="checkbox"/> Sitting		

Does the impairment substantially limit the operation of a major bodily function?  
*Note: Does not need to significantly or severely restrict to meet this standard.* Yes  No

If yes, what bodily function is affected?

<input type="checkbox"/> Immune	<input type="checkbox"/> Hemic	<input type="checkbox"/> Circulatory	<input type="checkbox"/> Other: (describe)
<input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Special Sense Organs and Skin	<input type="checkbox"/> Endocrine	
<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive	
<input type="checkbox"/> Bowel	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Bladder	<input type="checkbox"/> Brain	<input type="checkbox"/> Special Sense	
<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiovascular	

Reasonable Accommodation Request Form Americans with Disabilities Act (ADA)	
Policy #: To be assigned.	Authority: American with Disabilities Act Amendments Act of 2008 (ADA)
Effective Date: September 1, 2020	Supersedes:

The purpose of the questionnaire is to determine whether an employee qualifies for an accommodation consistent with the Americans with Disabilities Act (ADA) and, if so, to identify reasonable accommodations. Please respond completely and attach appropriate backup documentation (e.g., medical certification). This form should be completed by ADA Coordinator/Human Resources, in consultation with the supervisor (when appropriate) and the employee for whom the accommodation is sought.

**PART I**  
Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Agency/Division: \_\_\_\_\_ Unit/Facility: \_\_\_\_\_  
Email/Phone: \_\_\_\_\_

**PART 2**

1. What limitation is interfering with the employee's ability to perform the job or access a benefit or privilege of employment?  
\_\_\_\_\_

2. What is the specific job function or work activity being impacted or limited by the disabling condition AND to what extent (e.g., keyboard placement)?  
\_\_\_\_\_

3. What is the specific accommodation(s) being requested? \_\_\_\_\_

a. How does the accommodation enable the employee to perform the essential functions of the job?  
\_\_\_\_\_

b. If applicable, provide additional accommodations that may be appropriate.  
\_\_\_\_\_

4. Please include additional, relevant information.  
\_\_\_\_\_

This help is called reasonable accommodation. How to request reasonable accommodation: Ask: You can ask for help when you come to an HR office or centre. You can also write or fill out the request on the opposite side of this form and give it to Constituent Affairs@hra.nyc.gov. Office of Constituent Services, 150 Greenwich Street, 35th Floor. You can get help with this form or with your request. Call 212-331-4640 or Visit your center or HRAT office. Go this page to fill out the Reasonable Accommodation Request Form. HRA-102c (E) 01.05.2017 (page 2 of 2) LLF. Help for persons with disabilities: Reasonable accommodation application form. Do you have a disability, medical or mental condition that makes it difficult for you to apply for or receive services from us? Explain: \_\_\_\_\_

You do not need to provide proof of your condition now. We may ask you to provide us with some medical or clinical documents. Give a copy to the client: Worker's Name HRA (Print) \_\_\_\_\_  
Center 90 Staff only: state required. Homebound. Popular articles: How to make a citation: Free citation template USCIS Form I-551, Permanent Resident Card USCIS Form I-551, Permanent Resident Card Washington State Patrol Inspection Form Washington State Patrol Inspection Application Form MV-4ST, Vehicle Sales and Utilization Tax Return / Application for Registration Form MV-4ST, Vehicle Sales and Utilization Tax Return / Application for Registration Form USCIS Form I-797C, Notice of Action Form REG 124, Application for As Identification Form vehicle REG 124, application for assigned plate number Form VSD 190, application for vehicle transaction Form VSD 190, application for vehicle transaction Form DOS-1246, DOS-1246 Renewal Request Form, Security Guard Renewal Application Popular Articles How to Quote: Free Quote Template How to make a quote: Free Quote Template USCIS Form I-551, Permanent Resident Card USCIS Form I-551, Permanent Resident Card Washington State Patrol Request Form Washington State Patrol Request Form Washington State Patrol Request Form MV-4ST, Vehicle Sales and Use Tax Return/Registration Request Form MV-4ST, Vehicle Tax Return and Usage/Registration Request USCIS Form I-797C, Action Notice USCIS Form I-797C, Action Notice Form REG 124, Application for Assignment of Vehicle Identification Number Form REG 124, Application for Vehicle Identification Number Form VSD 190, Application for Vehicle Transactions Form VSD 190, Application for Vehicle Transactions Form DOS-1246, Security Guard Renewal Application Form DOS-1246, Security Guard Renewal Application Help for People with Disabilities Do you have a skill, medical conditions or mental health conditions that make it difficult for you to apply for or obtain benefits from us? Does your condition make it difficult for you to use public transport? Do you need help to get to appointments? Does your condition make it difficult for you to wait for long periods of time? Do you have difficulty to read, understand or fill out forms? Do you need help due to a disability? Do you need any other help because of your condition? If you do, we may be able to help you. Otherwise, you will not need to fill in this form. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Case number: \_\_\_\_\_ health recording integrity services (If you need more to write) \_\_\_\_\_ Choose What help do you need it Because of your Condition \_\_\_\_\_ help for people who are blind or low vision Help for people who are deaf or hard of hearing Explain problems: \_\_\_\_\_ American Sign Language (ASL) Interpretation \_\_\_\_\_ Other forms of interpretation \_\_\_\_\_ Creating appointments When it is possible that you can get the reading modules: the reading modules help to complete Modules \_\_\_\_\_ no appointments at certain days and times \_\_\_\_\_ you need HRA to come to your home per \_\_\_\_\_ No appointment when transferring your case to the center: \_\_\_\_\_ Keep your case to your center: \_\_\_\_\_ Accommodations (other than above) that you need to access HRA services. Help for people with disabilities with disabilities, medical condition or mental health condition that makes it difficult to request or get benefits from us? Do your conditions make it difficult for you to use public transport? Need help to get appointments? Does your condition difficult for you to wait long periods of time? Is it difficult to read, understand or fill in modules? Need help due to a vision or hearing disability? Need more help because your condition? If you do, we might be able to help you. If you do, please fill out this form. module.

11/06/2018 · Alberta Human Rights Act, RSA 2000, c A-25.5, < retrieved on 2022-01-16 ... Discrimination re goods, services, accommodation, facilities. 4 No person shall (a) deny to any person or class of persons any goods, services, accommodation or facilities that are customarily available to the public, or ... at the request or ... 01/01/2020 · HRA - You can use your HRA to pay for eligible medical, dental, or vision expenses for yourself or your dependents enrolled in the HRA. Your employer determines which health care expenses are eligible under your HRA. Refer to your plan documents for more details. If you are interested in applying for employment with any of the WGL affiliates and need special assistance or an accommodation to use our website or to apply for a position, please email your request to talent@washgas.com. A Rewarding Workplace. Our success is driven by a skilled team of valued employees. 13/02/2022 · If you are an individual with a disability and require a reasonable accommodation to complete the application ... HSA-Compatible FSA, and/or WageWorks Health Reimbursement Arrangement (HRA) to pay for over-the-counter (OTC) drugs and medicines if you get a prescription for One Healthcare ID is a secure, centralized identity management solution ... ASP Medical Group is one-stop healthcare solution provider offering variety of medicare solutions such as COVID-19 Testing, Third Party Administrator (TPA), Managed Care Organization (MCO), Third Party Administration, Medical Surveillance, Medical Surveillance (follow DOSH regulation), Audiometry Hearing Test (follow DOSH regulation) Employee Flexi Benefit, In House Clinic, In ... GENERAL CONDITIONS: 1. (a) Last date for online application is 31.01.2022 upto 05.30 p.m. (Indian Standard Time). (b) Candidates must send in their candidature through "Online Application" only. (c) Candidates will be initially screened and called for Interview / Written Examination / Skill Test on the basis of information provided by them in the online ... 16/08/2004 · The individual is also covered under a post-deductible HRA (as described in Rev. Rul. 2004-45) which pays or reimburses qualified medical expenses only after \$2,000 of the HDHP's deductible has been satisfied (i.e., if the individual incurs covered medical expenses of \$2,250, the HRA will pay \$250). Because the HRA's deductible of \$2,000 is ... Ensuring the safety of the crew and the ships and treating nature in a responsible way are central to our daily work and form part of our corporate culture. Our quality management and safety concept exceeds the standards commonly adapted and is certified by DNV as per statutory requirements and voluntary ISO 9001/14001 standards. 10/01/2019 · Indian Evidence Act 1872 1. Chandraprabhu Jain College of Higher Studies & School of Law Plot No. OCF, Sector A-8, Narela, New Delhi - 110040 (Affiliated to Guru Gobind Singh Indraprastha University and Approved by Govt of Delhi & Bar Council of India) Semester: Fifth Semester Name of the Subject: Indian Evidence Act 1872 Subject Code:-LLB303 Unit:- 1 ... Welcome to the Tillamook County application process! Working for the County is so much more than a job. It is a chance to make a local difference - in your own life and the lives of the people around you. If you have the skills and share our goals, please consider joining our team. Tillamook County offers a competitive benefits package:

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