

Reasonable Accommodations Request Form

Section 1: Introduction

The Employment Department is committed to providing reasonable accommodations in the workplace. Reasonable accommodations may be requested for disability; limitations related to pregnancy, childbirth, or a related medical condition; religion; and domestic violence, sexual assault, stalking, or harassment. In general, a reasonable accommodation means a change or adjustment to a job or work environment. Reasonable accommodations may be requested at any point of the employment process. This can include during recruitment, training, discipline, a change in health or work environment, etc. Every request for a reasonable accommodation will be addressed fairly and respectfully and through an individualized assessment and interactive process. At times, depending on the particular circumstances at issue, the agency may ask for additional information to document your request or to facilitate the interactive process.

Visit the employee intranet page <u>Reasonable Accommodations in the Workplace</u> or our <u>external site</u> for more information.

Retaliating against an employee or applicant for requesting or asking about an accommodation is prohibited, and suspected retaliation should be reported to Human Resources or a manager.

Section 2: Contact Information

Employees are encouraged to directly contact their Human Resources Business Partner to discuss their needs. While this form may not be required in all cases, the form is intended to assist in the interactive process and in tracking reasonable accommodation requests. Any employee or applicant has the option to start their request by completing and submitting this form. All written requests for accommodations will receive a written acknowledgment within seven (7) calendar days, and all requests will be reviewed and responded to in a timely manner. Direct contact information for all Human Resources Business Partners is in the internal Human Resources Directory.

Employees and applicants may also contact the Americans with Disabilities Act (ADA) Coordinator to discuss their needs. In the ADA Coordinator's absence, please contact the backup ADA Coordinator or Human Resources for assistance. Contact information is listed in the table below. Employees and applicants may also contact their manager/hiring manager to discuss their needs. Managers will then assist in connecting the employee or applicant to the ADA Coordinator or Human Resources Business Partner.

Contact	Email/Skype	Phone
ADA Coordinator	Cindy.M.Estrada@oregon.gov	503-302-0894
Backup ADA Coordinator	Jason.W.Baurer@oregon.gov	503-932-6932
Human Resources	OED_Info_OEDHR@oregon.gov	503-947-1289
		TTY: 800-735-2900

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Section 3: Accommodation Request

To be completed by the employee or applicant: Please type or print clearly. Attach additional sheets if necessary. If you need help completing this form, please contact the ADA Coordinator for assistance.

Preferred Name Pronouns (optional): Date: Last First MI:	t:	Phone Number: Email:
MI		Email:
Date: MI:		Email.
Date.		· · · · · · · · · · · · · · · · · · ·
	For agency employees	only:
Division and Office Location		Manager Name:
(Example: Human Resources, Central Office)		
support, scheduling, or oth	ner workplace modification(s) a	e, what type of equipment, technology, are you requesting? Note that information ay need to be shared with your manager.
as indicated. The specific or a related medical condistalking situation will not be Resources.	details about your disability; l ition; religion; or sexual assau be shared with your manager	esting and provide additional information imitation related to pregnancy, childbirth, lt, domestic violence, harassment, or and will be kept confidential by Human that is related to your accommodation

Continued (description of disabilidy related to your accommodation request) - if more space was ne	eded
☐ Limitation related to pregnancy, childbirth, or a related medical condition (please described)	ribe):
(решественный детерительный детерител	
If you checked either box above, please describe how the requested accommodation relates	
to the disability/limitation and how the disability/limitation impacts your work:	
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Email: OED_Info_OEDHR@oregon.gov Confidential fax: 503-947-1318 Mail: 875 Union St NE, Salem, Oregon 97311

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance is available to persons with limited English proficiency at no cost.

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.