



# 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 [Reasonable Accommodations in the Workplace](#) or our [external site](#) 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 acknowledgement within seven (7) calendar days, and all requests will be reviewed and responded to in a timely manner without unnecessary delay. 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

Contact	Email/Skype	Phone
ADA Coordinator	<a href="mailto:Cindy.M.Estrada@oregon.gov">Cindy.M.Estrada@oregon.gov</a> (email or Skype)	503-947-3011
Backup ADA Coordinator	<a href="mailto:Kaci.A.Korinek@oregon.gov">Kaci.A.Korinek@oregon.gov</a> (email or Skype)	503-947-1297
Human Resources	<a href="mailto:OED_Info_OEDHR@oregon.gov">OED_Info_OEDHR@oregon.gov</a> (email)	503-947-1289 TTY: 800-735-2900

## 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.

<b>Preferred Name</b> Pronouns (optional):	Last:	Phone Number:
	First:	Email:
	MI:	
Division and Office Location (Example: Human Resources, Central Office)		Manager Name:

1. What accommodation are you requesting? For example, what type of equipment, technology, support, scheduling, or other workplace modification(s) are you requesting? Note that information about the workplace modifications you are requesting may need to be shared with your manager.
2. Please check the type of accommodation you are requesting and provide additional information as indicated. The specific details about your disability; limitation related to pregnancy, childbirth, or a related medical condition; religion; or sexual assault, domestic violence, harassment, or stalking situation will not be shared with your manager and will be kept confidential by Human Resources.

Disability (please identify and describe the disability that is related to your accommodation request):

Limitation related to pregnancy, childbirth, or a related medical condition (please describe):

*Continues on next page*

*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:*

Religion (please identify):

*Please describe how your religion relates to your requested accommodation:*

Sexual assault, domestic violence, harassment, or stalking

*Please describe how the requested accommodation relates to these concerns and how these issues affect your job:*

**Please send the completed form and any attachments  
by email, confidential fax, or mail to:**

Oregon Employment Department  
Human Resources, Attn: ADA Coordinator

Email: [OED\\_Info\\_OEDHR@oregon.gov](mailto: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.