



Oregon Military Department

REASONABLE ACCOMMODATION REQUEST

ADA INTERACTIVE PROCESS

- Employee fills out and signs the **ADA Accommodation Request** form and **Physician's Response Form**. These forms are needed to help in understanding the accommodation request and so that we may get input from the employee's health care provider regarding the disability to determine whether or not they can perform the essential functions of the position with or without an accommodation.
- Once the forms have been submitted to the Adjutant General Personnel Office (AGP), the employee's supervisor will provide AGP the essential functions of the position and the ADA Coordinator will prepare a letter to the health care provider.
- An interactive meeting will be scheduled with the employee, the employee's supervisor, and the ADA Coordinator. This meeting will be to discuss the job-related limitation imposed by the employee's disability and how those limitations could be overcome with a reasonable accommodation.
- The ADA Coordinator will make a determination and will contact the employee to further discuss the accommodation request.
- A letter will then be mailed to the employee with a determination.

It can take time to develop appropriate accommodations. Experience has shown that requesting an accommodation sooner rather than later benefits both the employee and the department.

PLEASE RETURN THIS FORM TO THE OREGON MILITARY DEPARTMENT ADA COORDINATOR, AGP.

The Americans with Disabilities Act (ADA) protects qualified individuals with disabilities from employment discrimination. Reasonable accommodation is a key nondiscrimination requirement under the ADA. All requests are handled on a case-by-case basis.

Pursuant to the ADA (Americans with Disabilities Act), the Oregon Military Department is committed to providing reasonable accommodations to qualified physical and mental disabilities of its employees so that they may successfully perform the required essential function of their respective positions.

In order to determine your eligibility to receive an accommodation, the Adjutant General Personnel Office (AGP) requires specific information from both you and your health care provider. All requests for reasonable accommodations(s) and any related medical information will be kept separate from the applicant/employee's personnel file. Accommodation information will be kept confidential except to the extent a supervisor must be notified to implement an approved accommodation(s).

Please print or type – attach extra sheets if necessary.

ACCOMMODATION REQUEST

To be completed by the Employee. Please type or print clearly. Attach additional sheets if necessary. If you need help completing this form, contact Luke Jaeger, ADA Coordinator at luke.jaeger@omd.oregon.gov, (503) 509-2152.

Name: Last	First	Employee Identification Number (OR#):
		OR
Employee Classification Title:		Section/Work Unit:
Work Location (Number and Street Name):		Work Telephone Number:
City	State	Supervisor Name:
Zip Code		

1. Identify and describe your medical condition or impairment for which you are requesting an accommodation. *Please attach your medical documentation to this form.*

2. How does your medical condition or impairment affect your ability to do your job?

3. What is your accommodation request? (What do you need to help you do your job?)

4. Is there any other information that would help us evaluate your request?

Under the ADA, when an employee makes a request for an accommodation, the employer is required to enter into an interactive process. A medical examination may be required to determine if an individual has a disability covered by the ADA and is entitled to an accommodation, and, if so, to help identify an effective accommodation based on the essential functions of your position. When an individual qualifies for reasonable accommodation, the employer is free to choose among effective accommodations, and may choose one that is less expensive or easier to provide

*The information provided by me is true and correct to the best of my knowledge. **Your request for an accommodation cannot be processed without information from your health care provider.***

Employee's Signature	Date
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Please return this form to the agency ADA Coordinator or HR Director

Please forward the completed form and attachments to:

Adjutant General Personnel Office
 Attn: Luke Jaeger, HR Generalist
 PO Box 14350
 Salem, Oregon 97309-5047
 Fax: (971) 355-3988