

UNIVERSITY OF UTAH

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APPLICATION FOR ACCOMMODATION

OFFICE OF EQUAL OPPORTUNITY AND AFFIRMATIVE
ACTION

135 Park Building
201 South President's Circle
Salt Lake City, UT 84112
581-8365 (V/TDD)
585-5746 (fax)

AMERICANS WITH DISABILITIES ACT
REQUEST FOR DISABILITY ACCOMMODATION FORM

Employee Name: _____ **Employee ID:** _____

Job Title: _____ **Work Phone:** _____

Supervisor's Name: _____ **Department:** _____

Home Phone: _____ **Home Address:** _____

Describe your disability (e.g. visual impairment, arthritis, etc.): _____

Describe how your disability impairs your ability to perform assigned job duties:

Describe the reasonable accommodation that you are requesting: _____

Employee Signature

Date

Submit original to the Office of Equal Opportunity and Affirmative Action:

201 South President's Circle, 135 Park Building

Salt Lake City, UT 84112

581-8365 (V/TDD)

585-5746 (fax)

AMERICANS WITH DISABILITIES ACT

MEDICAL/HEALTHCARE INFORMATION RELEASE FORM

I, _____,
(Patient Name)
hereby authorize _____ to
(Physician or Facility)

furnish and discuss with the University of Utah Office of Equal Opportunity and Affirmative Action (OEO/AA) any information in his/her/its possession relevant to the following condition *(list condition(s) or diagnosis(es))*: _____

_____ ,
_____ ,
for the purpose of evaluating my request for accommodation.

A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until the University completes its evaluation of my request for accommodation of this condition.

I release _____ from any liability
(Physician or Facility)
associated with the disclosure of confidential or privileged medical/healthcare information. I understand that the University of Utah OEO/AA cannot properly evaluate my request for accommodation unless I sign this release and that any information disclosed under this release could potentially be subject to redisclosure by the recipient and no longer protected by federal privacy regulations.

I understand that I can revoke this release in writing at any time by sending a written revocation of authorization to:

**OEO/AA
Attn: ADA Coordinator
201 S. Presidents Circle RM 135
Salt Lake City, Utah 84112**

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MEDICAL/HEALTHCARE INFORMATION RELEASE FORM – PAGE 2**

However, I understand that my revocation will not be effective to the extent that action has been taken in reliance on this release. By signing this release, I represent that I have read the information, understand it, and am in agreement with the authorization I now make.

(Signature)

(Date)

Name of Physician or Treatment Facility: _____

Address of Physician or Treatment Facility: _____

Telephone Number: _____

AMERICANS WITH DISABILITIES ACT

FACULTY & STAFF ACCOMMODATION

GUIDELINES

The Americans with Disabilities Act (ADA) of 1990 prohibits employers from discriminating against individuals with disabilities. The ADA also prohibits retaliation against an employee for taking any action pursuant to the Act.

Definition of Disability: The ADA states that an individual is disabled if s/he:

- a. has a physical or mental impairment that substantially limits one or more of the individual's major life activities;
- b. has a record of such an impairment; or
- c. is regarded as having such an impairment.

Definition of Qualified Individual: The term "qualified individual with a disability" means:

- a. an individual with a disability,
- b. who can perform the "essential functions" of the employment position,
- c. with or without reasonable accommodation.

Employers are required to provide reasonable accommodation to the known limitation(s) of a person with a disability, as defined by the ADA.

Self-Disclosure: In order to establish the existence of a disability and request reasonable accommodation under the ADA, an employee must complete and submit a Request for Disability Accommodation Form to the Office of Equal Opportunity and Affirmative Action (OEO/AA) at 135 Park Building, or by facsimile at 585-5746.

A department chair or supervisor should not ask an employee about his/her disability or discuss reasonable accommodation with an employee. Instead, the employee should be referred to OEO/AA or Human Resources to make a written request for accommodation. If the department chair or supervisor has questions about this process, please call OEO/AA at 581-8365 (V/TDD).

Employee's seeking a reasonable accommodation under the ADA must follow the Faculty & Staff Accommodation Procedures.

AMERICANS WITH DISABILITIES ACT

FACULTY & STAFF ACCOMMODATION PROCEDURES

1. **Documentation of Disability:** When an employee submits a Request for Disability Accommodation Form, s/he must provide, at his/her own expense, documentation of his/her disability in the form of a written evaluation by an appropriate health care provider. The faculty member will be required to sign a Medical/Health Care Information Release Form, so that the health care provider can provide the Office of Equal Opportunity and Affirmative Action (OEO/AA) with the appropriate documentation. Upon request, the department chair or supervisor will provide OEO/AA with a written job description of the essential functions of the job, which may include the mental and physical demands of the employee's job.

OEO/AA will provide the employee with a written request to the employee's health care provider requesting the appropriate medical documentation of the employee's disability, as well as the signed release form. It is the employee's responsibility to ensure that the medical documentation/information requested is returned to OEO/AA by the date specified in OEO/AA's written request.

2. **Temporary Accommodations:** After consultation with the employee and his/her department chair or supervisor, OEO/AA may provide the employee with a temporary accommodation pending receipt and evaluation of the documentation of the disability. OEO/AA will notify the employee, in writing, of the temporary accommodation to be provided.
3. **Evaluation of Documentation:** Upon receipt of documentation from an employee's health care provider, the University will determine if the employee has a disability as defined by the ADA, and if the employee can perform the essential functions of her/his position, with or without reasonable accommodation.
4. **Second Opinions:** OEO/AA and/or the University's ADA Coordinator may contact the employee's health care provider for clarification of the written evaluation. OEO/AA may also, at the University's expense, seek a second opinion. The employee must make him/herself available for such an evaluation.
5. **Final Determination and Notification to Staff or to Faculty Members:** The University has the authority to make the final determination regarding what accommodation, if any, is appropriate. When a final determination is made, OEO/AA will send written notification to the employee of its determination, whether an accommodation has been granted, and if so, will specify what accommodation has been granted. OEO/AA will also notify the employee's department chair or supervisor if an accommodation is to be provided to the employee.
6. **Right to Appeal:** If an accommodation request is denied, the employee may submit a request for review to the Vice President of Human Resources. This appeal must be made within five (5) days of the notice of denial and must be in writing.