

Request for Accommodation Based on Disability

Americans with Disabilities Act (ADA)



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| <input type="checkbox"/> Current County Employee | <input type="checkbox"/> Job Applicant |
| Date: _____ | Department: _____ |
| Name: _____ | Title: _____ |
| Address: _____ _____ | Work Location: _____ |
| Supervisor: _____ | |
| Personal Phone: _____ <input type="checkbox"/> | Work Phone: _____ <input type="checkbox"/> |
| Personal E-mail: _____ <input type="checkbox"/> | Work Email: _____ <input type="checkbox"/> |

Please check the box for preferred method of contact.

1. What is the disability that requires you to seek an accommodation (NOTE: this is not asking for the medical diagnosis/medical condition; please describe the disability/limitation, e.g. I have a condition that affects my ability to "X").

2. How does the above disability impact your ability to perform the essential functions of your job? OR What accommodation are you asking for to assist you in the recruitment and interview process?

3. What accommodation are you requesting to overcome the above?

4. Please indicate the duration of the accommodation you are seeking.

Temporary
Date Range From: To:

Permanent

Request for Accommodation *continued*

Have you had a previous accommodation for this same limitation? Yes No

Date: _____

Please provide any additional information that might be useful in processing your request for an accommodation.

FOR DUTCHESS COUNTY GOVERNMENT CURRENT EMPLOYEES ONLY:

Medical documentation in support of this accommodation is attached. Yes No*

***NOTE: You should submit the completed Medical Provider Form and Authorization for Limited Release of Information along with this request form. If medical documentation is missing or not sufficient the processing of your application may be delayed.**

Employee/Applicant Signature

Date

NOTICE OF RECEIPT OF ACCOMMODATION REQUEST:

Your request for an accommodation pursuant to the Americans with Disabilities Act (ADA) has been received by Risk Management/Human Resources on _____.

Pursuant to the ADA Policy, your application will be reviewed by the ADA Committee.

If additional information is required, you will be notified under separate cover.

After your complete request has been reviewed by the ADA Committee, you will be informed in writing of the determination.

You can anticipate a decision will be made by within 30 days of receipt of all the required documentation.

Should you have any questions, please contact Risk Management at ADArequests@dutchessny.gov or (845) 486-2169.