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East Tennessee State University Employee Request for an ADA Reasonable Accommodation Form

CONTACT INFORMATION Employee Name: _____ Department: Office Room Number: _____ Telephone: _____ Immediate Supervisor: ______ Department Chair: Vice President: JOB DESCRITION: Describe your job duties or attach the Human Resources job description. INFORMATION ABOUT YOUR DISABILITY AND YOUR REQUEST (Attach additional sheets if needed) 1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected? Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working. 2. Describe any mitigating measures (medication, assistive technologies such as wheelchairs, etc.) you are using because of the disability, and the effect of those measures on the disability.

3. Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.
4. Describe the accommodation you are requesting.
5. Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.
6. Will you be able to perform all of the essential functions of your job if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.
7. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.
8. Provide any information or suggestion you can on how the requested accommodation(s) can be provided. If known, include the names, addresses and telephone numbers of vendors and the model number and approximate cost of any equipment requested.