FACULTY AND STAFF REQUEST FOR REASONABLE WORKPLACE ACCOMMODATION FORM

This form will not be placed with your application or in your personnel file. It will be maintained within the Office of Institutional Equity. Contents of this request will be kept in confidence except as needed to address the request for an accommodation.

The Process – General Information

A reasonable workplace accommodation is any modification or adjustment to a job’s customary tasks or responsibilities that enables a qualified employee with a disability to perform essential job functions without undue hardship on Johns Hopkins University business or operation. A reasonable workplace accommodation assures that a qualified individual with a disability has employment rights and privileges equal to those of employees without disabilities.

To consider your request for a workplace accommodation, please provide the required information and submit it to the Office of Institutional Equity. Upon receipt of this information, you will be contacted by the Disability Services Officer who will provide additional assistance in the determination and implementation of the accommodation.

In most cases, documentation is required to determine if the employee is considered a person with a disability under the Americans with Disabilities Act (ADA), to determine the employee’s functional limitations, and to provide suggestions for effective and reasonable accommodations. With your permission, documentation might include consultations with knowledgeable professional sources, such as physicians, psychologists, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities.

The Office of Institutional Equity will coordinate with Occupational Health, the Faculty and Staff Assistance Program (FASAP), Human Resources and/or the Department of Health, Safety and Environment when appropriate.

The faculty or staff member has the responsibility to ensure that the medical provider follows through on requests for documentation in a timely manner.

Office of Institutional Equity
Wyman Park Building, Suite 515, 3400 N. Charles Street, Baltimore, MD 21218-2696
Phone 410.516.8949 / Fax 410.516.5300 / TTY 711 (MD Relay)
www.jhu.edu/disabilityservices
Part A - To be completed by the faculty or staff member.

Date of Request: __________________________

Name: ____________________________________________

Last Name   First Name

Position Title: _______________________________________

Department: _______________________________________

Manager/Supervisor: _________________________________

Departmental HR Representative: _______________________

Home Address: ______________________________________

__________________________________________________

______________________________

Home Phone: ______________________________

Cell Phone: ______________________________

Campus Address: ___________________________________

__________________________________________________

______________________________

Campus Phone: __________________________

Email: _____________________________________ (check one) □ Work  □ Personal

How would you prefer to be contacted? Please select one.

Home Phone  □  Office Phone  □  Cell Phone  □  Email  □

Employment Classification – Please select one.

Full-time  □  Part-time  □  Limited  □  Casual/On-Call  □  Temporary  □

Employment Category – Please select one.

Faculty  □  Staff  □  Postdoctoral Trainee  □
**Part B** – To be completed by the employee and reviewed by the University Disability Services Officer.

1. What is the nature of your disability, including your diagnosis?

2. Is this a permanent or temporary disability? If temporary, what is the duration of your condition?

3. What work-related limitations caused by your disability are you currently experiencing?

4. What are the essential functions of your job? If possible, please attach your current job description.

5. Describe the accommodations you are requesting, including any adaptive equipment. Be specific as possible.

6. Are you in need of an individual emergency evacuation plan? If so, please indicate what accommodation you would need for this plan?
VERIFICATION AND ACCURACY

I verify that the above information is complete and accurate to the best of my knowledge.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

By signing below, I understand that I am granting the Office of Institutional Equity permission to contact the appropriate individuals and/or offices to discuss my request for reasonable accommodation.

Signature: ________________________________ Date: ________________

Print Name: ________________________________