

Mississippi University for Women Reasonable Accommodation Request Form

This form and any other documentation provided pursuant to this policy will be maintained in a secure, separate medical file.

Under the Americans with Disabilities Act, Section 503 of the Rehabilitation Act of 1973 and Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), and various state and local laws, an individual is eligible for a reasonable accommodation if (1) individual is qualified to perform the essential functions of their job and (2) individual has a qualifying disability that limits a major life activity. Written documentation from a medical provider¹ verifying the disability and need for accommodation may be required if the disability is not obvious or the requested accommodation is not obviously linked to the disability.

The purpose of this form is to gather initial information about your request for reasonable accommodation. The University will engage in an interactive process with you to determine whether a reasonable accommodation is required, and if so, what accommodation is appropriate. Filling out this form does not guarantee that the requested accommodation will be provided. The University's decision to grant you an accommodation does not mean the University agrees that you have a disability.

EMPLOYEE INFORMATION

Name:	Phone:
Department:	
Job Title:	
Email:	
Supervisor's Name:	Phone:

¹According to the EEOC, medical documentation may be requested from an **appropriate** health care or rehabilitation professional. The provider does not have to be a medical doctor (MD). Examples may include doctors (including psychiatrists), psychologists, nurses, physical therapists, occupational therapists, speech therapists, vocational rehabilitation specialists, and licensed mental health professionals, among others. However, a medical certification signed by a Physician as pursuant to State law, will be required for use of accrued medical leave when applicable. State law defines physician as "a doctor of medicine, osteopath, dental medicine, podiatry or chiropractic."

**If accommodation requested, return this document (all 5 pages) to Human Resources.
It may be necessary for your physician/medical provider to submit pages 3-5 separately.
Return forms to: Human Resources, W-1609, or Fax: 662.241.7616**

Mississippi University for Women Office of Human Resources
REASONABLE ACCOMMODATION REQUEST FORM
(Completed by Physician/Medical Provider)

Please complete the following information within fifteen days of this request.

For a reasonable accommodation under the ADA, an employee has a disability if they have an impairment that substantially limits one or more major life activities, or has a record of such impairment. The following questions may help determine whether an employee has an ADA qualifying disability and must be completed by a physician / medical provider. To avoid delays, please review description of job functions and write legibly.

Employee/Patient Name:

Does the employee have a physical or mental impairment? Yes No

If yes, what is the impairment or the nature of the impairment?

What is the anticipated duration of the impairment?

Answer the following question based on what limitations the employee has when their condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity as compared to most people in the general population?	Yes	No
	OR Describe the employee's limitations when the impairment is active.	

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

An employee with a disability is entitled to a reasonable accommodation only when that accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is/are interfering with performance of job functions or accessing a benefit of employment? Please identify each such limitation and the suggested duration.

What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

The following questions may help determine potential effective accommodations for the employee:

Do you have any suggestions regarding possible accommodations that would permit the employee to perform the essential functions of their job? If so, what are they and what are their durations?

Does the employee require leave from work or a reduced schedule? If so, please describe the additional leave/modified schedule needed and the expected duration.

Please provide any additional information that you believe will help the University in determining, through an interactive process with the employee, whether an accommodation can be provided to assist employee in performing their essential job functions.

MEDICAL CERTIFICATION

Physician/Medical Provider Printed Name:

Specialty:

Office Telephone:

Office Address:

Physician/Medical Provider Signature:

Date:

**If accommodation requested, return all pages (3 - 5) of this document
(Reasonable Accommodation Request Form) to:
MUW, Human Resources, Fax: 662.241.7616**