



# REASONABLE ACCOMMODATION REQUEST FORM

The Americans with Disabilities Act (ADA) protects qualified individuals with disabilities from employment discrimination. Reasonable accommodation is a key nondiscrimination requirement under the ADA. All requests are handled on a case-by-case basis.

## ACCOMODATION REQUEST

**To be completed by the Employee.** Please type or print clearly. Attach additional sheets if necessary. Completing this form is helpful, but employees are not required to complete it in order to request an accommodation under the ADA. Employees who wish to verbally request an accommodation or if they need help completing this form may contact your assigned HR Analyst or the ADA Coordinator at (503) 947-6051, TTY users call 503-947-6339.

Name: Last      First      MI	OR #
Employee Classification Title:	Section/Work Unit:
Work Location (Number and Street Name):	Work Telephone Number:
City                  State          Zip Code	Supervisor Name:

1. What is the disability, medical condition, or impairment that is impacting your ability to perform the essential functions of your job?

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2. How long have you experienced this disability, medical condition, or impairment? How long do you expect it to continue?

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3. Please explain specifically what you cannot do or need to do differently because of your disability, medical condition, or impairment.

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4. Please describe the accommodation you are requesting and how it will enable you to perform the essential functions of your job.

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5. Is there any other information that would help us evaluate your request?

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Under the ADA, when an employee makes a request for an accommodation, the employer is required to enter into an interactive process to determine whether an accommodation can be provided which is effective for the employee and does not impose an undue hardship upon the employer. Medical information may be necessary as part of the interactive process under the ADA. When an individual qualifies for reasonable accommodation, the employer is free to choose among effective accommodations, and may choose one that is less expensive or easier to provide.

\_\_\_\_\_  
Employee signature \*

\_\_\_\_\_  
Date

\*This form does not need to be signed if submitted by email. The email submission represents the signature. The form may be signed by the person completing or the person completing it on their behalf.