



## **ADA ACCOMMODATION REQUEST**

As a direct supervisor, you are responsible for implementing reasonable accommodations for disabled workers after the HR office has approved a request. The ADA requires such accommodations if they allow the disabled worker to perform the essential functions of their job. As a supervisor, you are HR's eyes and ears. You know first-hand whether an accommodation is working or not. Disabilities can change. Conditions like Multiple Sclerosis (MS) can go into remission or resurface. Workers with diseases like cancer may need additional accommodations depending on where they are on their path to recovery – and so on.

The HR office has created this form to monitor accommodations and understand when – or if – an accommodation is no longer working or needs adjustment. To that end, we have instructed our disabled employees to work with their supervisor to make sure accommodations are working and to inform their supervisor or HR if anything has changed. Your role is to report any requests or problems you see with an accommodation.

## **ADA ACCOMMODATION REPORTING FORM**

**Employee's Name:**

**Date of Update:**

**Supervisor Submitting Form:**

**Supervisor's Email Address:**

**Supervisor's Telephone Number:**

**Employee's Position:**

**Duty Location:**



- 1. Please describe if the previously approved accommodation has been successful in allowing the employee to perform the essential function of their job. Refer to the employee's job description for a list of those essential functions.**
  
- 2. Has the employee requested a modification or adjustment to the previously approved accommodation? If so, describe the request in detail.**
  
- 3. Please describe how the employee requested the accommodation modification (i.e. in person, via email or message, via phone etc.)**
  
- 4. Please describe any discussions you had with the employee about the accommodation modification request, noting the date of those discussions.**
  
- 5. If the employee described specific accommodation modifications, please list them here and describe how they differ from the previously approved accommodation.**



**Note that the HR office will review each request and engage in an interactive accommodation process. We will immediately contact the employee to begin discussions to reach a reasonable accommodations plan that meets the needs of both the company and the employee. We will then inform you that an accommodation has been reached and request that you implement it immediately.**

**Supervisor's signature and date:**