



**REASONABLE ACCOMMODATION DETERMINATION FORM
AMERICANS WITH DISABILITIES ACT¹ (ADA)**

DHR-STW-Form #: To be assigned	Authority: Americans with Disabilities Act of 2008 (ADA); State of Delaware Pregnant Workers Fairness Act Policy and Procedures
Effective Date: January 3, 2023	Supersedes: September 1, 2020

Part 1: Employee Information.

Employee Name: _____ Job Title: _____
Agency/Division: _____ Date: _____
Email Address: _____ Phone Number : _____

Part 2: Accommodation Request Details.

1. Date and how the reasonable accommodation was requested:

2. Type(s) of reasonable accommodation(s) requested (e.g., adaptive equipment, staff assistant, removal of architectural barrier):

3. List date(s) of Interactive Dialogue meeting(s):

4. If Reasonable Accommodation Procedures required an extension (longer than 15 business days), explain why?

¹ While pregnancy itself is not a disability under the ADA, [some pregnant workers](#) may have one or more impairments related to their pregnancy that qualify as a "[disability](#)" under the ADA.

5. Was medical information required to process this request? If yes, explain why. When was it requested? When was it received? How will selected/agreed upon reasonable accommodation assist the employee in performing Essential Functions of the job?

6. Type(s) of reasonable accommodation and date provided:

7. Time frame for follow up with employee:

8. Additional Comments:

Part 3: Signature Section.

Submitted by: _____

Email: _____ Phone Number: _____

Signature: _____ Date: _____

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.