

REASONABLE ACCOMMODATION DETERMINATION FORM AMERICANS WITH DISABILITIES ACT <sup>1</sup> (ADA)- Statewide				
DHR-STW-Form #: DHR-STW-201.1-F2	Authority: Americans with Disabilities Act of 2008 (ADA); 42 U.S.C. § 21G Pregnant Workers Fairness Act; 29 U.S.C. §218d PUMP for Nursing Mothers Act; 19 Del. C. §§ 710, 711, 716			
Effective Date: January 3, 2023	Revision Date: December 1, 2023			
Supersedes: September 1, 2020				
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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):

<sup>&</sup>lt;sup>1</sup> While pregnancy itself is not a disability under the ADA, <u>some pregnant workers</u> may have one or more impairments related to their pregnancy that qualify as a "<u>disability</u>" under the ADA.

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Form #: DHR-STW-201.1-F2 Rev. Date: Dec. 1, 2023

4.	If Reasonable Accommodation Procedure	s required	an extension	(longer than	15 business	days)
	explain why?	-		_		

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 the 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:

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Part 3: Signature Section					
Submitted by:					
Email:	Phone Number:				
Signature:	Date:				
means. A party's electronic signat	acknowledge their agreement to conduct transactions by electronic ure for purpose of the Uniform Electronic Transactions Act, 6 Del. C. hecking a box as indicated, electronic initials or name, or email				