



**Reasonable Accommodation Determination Form  
Americans with Disabilities Act (ADA) Policy**

<b>Policy #: To be assigned</b>	<b>Authority: Americans with Disabilities Act of 2008 (ADA)</b>
<b>Effective Date: September 1, 2020</b>	<b>Supersedes:</b>

**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?

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.