



**REASONABLE ACCOMMODATION REQUEST FORM  
AMERICANS WITH DISABILITIES ACT<sup>1</sup> (ADA)**

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

The purpose of the questionnaire is to determine whether an employee qualifies for an accommodation consistent with the Americans with Disabilities Act (ADA) and, if so, to identify reasonable accommodations. Please respond completely and attach appropriate backup documentation (e.g., medical certification). **This form should be completed by ADA Coordinator/Human Resources, in consultation with the supervisor (when appropriate) and the employee for whom the accommodation is sought.**

**Part 1: Employee Information.**

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Agency/Division: \_\_\_\_\_ Unit/Facility: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone Number : \_\_\_\_\_

**Part 2: Accommodation Request Details.**

1. What limitation is interfering with the employee’s ability to perform the job or access a benefit or privilege of employment?
  
2. What is the specific job function or work activity being impacted or limited by the disabling condition AND to what extent (e.g., keyboard placement)?
  
3. What is the specific accommodation(s) being requested?
  - a. How does the accommodation enable the employee to perform the essential functions of the job?

<sup>1</sup> 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.

b. If applicable, provide additional accommodations that may be appropriate.

4. Please include additional, relevant information.

### Part 3: Signature Section

Name of person completing form: \_\_\_\_\_

Title of person completing form: \_\_\_\_\_

Employee 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.