

REASONABLE ACCOMMODATION REQUEST FORM AMERICANS WITH DISABILITIES ACT¹ (ADA) - Statewide Authority: Americans with Disabilities Act of 2008 (ADA); State of Delaware Pregnant Workers Fairness Act Policy and Procedures Effective Date: January 3, 2023 Revision Date: December 1, 2023 Supersedes: September 1, 2020

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)?

¹ 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 "disability" under the ADA.

REASONABLE ACCOMMODATION REQUEST FORM (ADA) – Statewide

Form #: DHR-STW-201.1-F3 Rev. Date: Dec. 1, 2023

3. Wh	t is the specific accommodation(s	s) being requested?
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4. Please include additional, relevant information.

Part 3: Signature Section

Name of person completing the form:	
Title of person completing form:	
Employee Signature:	Date:
means. A party's electronic signature	knowledge their agreement to conduct transactions by electronic for purpose of the Uniform Electronic Transactions Act, 6 Del. C. king a box as indicated, electronic initials or name, or email