



**State of Delaware
Department of Human Resources**

Reasonable Accommodation Request Form Americans with Disabilities Act (ADA)	
Policy #: To be assigned.	Authority: Americans with Disabilities Act Amendments Act of 2008 (ADA)
Effective Date: September 1, 2020	Supersedes:

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 Name: _____ Position: _____
 Agency/Division: _____ Unit/Facility: _____
 Email/Phone: _____

PART 2:

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?

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

4. Please include additional, relevant information. _____

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PART 3:

Name of person completing form: _____

Title: _____

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.