

Faculty/Staff Reasonable Accommodation Request Form

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

Date of Request: _____
Employee Last Name: _____ JED ID: _____
Employee First Name: _____ DOB: _____
Position Title: _____
Department: _____ JED ID: _____
Manager/Supervisor: _____ Email: _____
Departmental HR Representative: _____ Email: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Campus Address: _____
Campus Phone: _____
Work Email: _____ Personal Email: _____

(note: Email will be the primary form of communication unless otherwise indicated)

Employment Classification – Please select one.

Full-time Part-time Limited Casual/On-Call

Employment Category – Please select one.

Faculty Staff Postdoctoral Trainee Bargaining Unit

Is this a PERMANENT or TEMPORARY disability

If temporary, what is the anticipated duration need for accommodations? _____

Are you requesting a Leave of Absence? YES NO

- If yes, what is your anticipated return to work date?

- Are you currently on FMLA? If yes, what is the last day of your FMLA? YES NO

- Are you currently on Short Term Disability? If yes, what is the status? YES NO

- Have you applied for Long Term Disability? If yes, what is the status of that application?
YES NO _____

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

A. Please describe the nature of your physical or mental limitation(s) and expected duration of limitation(s).

B. Explain how the disability/limitation affects the ability to perform one or more essential functions of the job.

C. List accommodations needed to perform essential functions.

D. Have you been working with Occupational Health Services or Occupational Injury on return to work accommodations?
Yes ____; No ____; Please identify which one: _____

If yes, please provide a copy of their recommendations.

E. Has a physician, vocational rehabilitation specialist, or other health professional recommended a specific accommodation? Yes ____; No ____;

If yes, please attach a copy of their recommendations.

INFORMATION PERTAINING TO MEDICAL DOCUMENTATION:

In the context of assessing an accommodation request, medical documentation may be needed. Medical documentation is often needed to determine if the employee has a disability covered by the ADA and is entitled to an accommodation (i.e., has a permanent disability, as distinguished from temporary disability, that substantially limits one or more major life activities, affects the employee's ability to perform essential job functions, and is of sufficient severity) and if so, to help identify an effective accommodation.

Generally, in the context of an accommodation, medical inquiries related to an employee's disability and functional limitations are permissible and may include consultations with knowledgeable professional sources, such as doctors, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities. The Office of Institutional Equity is the University unit charged with collecting medical documentation for the purpose of determining reasonable accommodations. In the event that medical documentation is required, the employee will be provided with the appropriate forms to submit to their medical provider. The employee has the responsibility to ensure that the medical provider follows through on requests for medical information.

I give the Johns Hopkins University Office of Institutional Equity permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations where OIE requires input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize OIE to consult with Johns Hopkins University Director of Occupational Health (or designee) and/ or the medical/mental health professional, concerning the provided documentation.

Date

Employee's signature

For Faculty and Staff: Please return this form and the letter to: Disability Services, Office of Institutional Equity, Johns Hopkins University, Wyman Park Building, Suite 515, 3400 N. Charles Street, Baltimore, MD 21218. Phone: (410) 516-8075 Fax: (410) 367-2665 Email: oiedisability@jhu.edu