



Form A - Employee Request for Reasonable Accommodation

Instructions

Emerson College is committed to providing reasonable accommodation to qualified employees who are disabled and need assistance to perform the essential functions of their positions and/or to access benefits and privileges of employment (e.g., training, sponsored events, etc.)

To initiate a request for a reasonable accommodation(s) review, employees must:

- Read the Disability/Reasonable Accommodation policy
- Employees must send the following information to their healthcare provider:
 - Copy of this form, ***Employee Disability/Reasonable Accommodation Request Form (Form A)***, signed by the employee
 - ***The Healthcare Provider Medical Request Form – Disability Accommodation (Form B)*** signed by the employee authorizing the release of information requested on the form
 - A written explanation of the **essential functions** of the job.
 - Healthcare providers should complete the form within 30 days of receipt and return it to the following email address: **hr@emerson.edu**

HR will maintain reasonable accommodation requests and medical information in separate files. Such records will be shared only with those who have a need to know to make a determination about the request and implement any accommodations and will not be released except as required by law.

General Information

To be completed by employee or, upon request, by the Leave of Absence Administrator

Today's Date:

Employee Name:

Home phone:

Email:

Cell:

Job Title:

Department and Supervisor:

Nature of Disability and Employment-Related Impact

- Why are you requesting a reasonable accommodation?
- Please describe your disability:
- How is your disability interfering with your ability to perform the essential functions of your job?
- What specific accommodation(s) are you requesting and how will this help you in performing the essential job functions you find difficult to perform without accommodation(s)?
- What accommodations, if any, have you used in the past (at Emerson or elsewhere) to assist you in performing the essential functions of your job?
- How effective were these accommodations in helping you perform the essential functions of your job?

- Is your disability hindering your access to participating in benefits and privileges of employment (e.g., training, sponsored events, etc.); if so, please explain and indicate what if any reasonable accommodations you are requesting.

- Please provide the name, address and contact information of your healthcare provider:

Employee Signature

Date