**CITY OF MEMPHIS**

**ADA REASONABLE ACCOMMODATION REQUEST**

To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must (1) be qualified to perform the essential functions of your position and (2) have a qualifying disability that limits a major life activity. The ADA Amendments Act of 2008 emphasizes that the definition of disability should be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA and generally shall not require extensive analysis.

This form aids employees and supervisors in the interactive process of reasonable accommodation. You may file a request with the Leave Coordinator at the City’s Total Rewards – Leave of Absence Office located at 2714 Union Extended, 4th Floor ~ Suite 400. You may also request assistance from the City’s Leave Coordinator in preparing this request.

Employee Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

1. In general indicate your disability and how it limits a major life function(s) that relate to your job.

2. If it bears on your request for reasonable accommodation, describe the effect of any mitigating measures you are using (medication, assistive technologies, mobility devices, etc.).

3. Detail essential functions of your job that you cannot perform and how your disability impairs your ability in each instance.

4. Describe the accommodation(s) you are requesting to enable you to perform the essential functions of your job.

5. Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.

6. Will you be able to perform all of the essential functions of your job if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.

7. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.

8. Provide any information or suggestion you can on how the requested accommodations can be provided. If known, include the names, addresses and telephone numbers of vendors and the model number and approximate cost of any equipment requested.

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Employee Name (Please print) Daytime Telephone Number

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Signature Date