



DISABILITY ACCOMMODATION WORKSHEET

Questions? Contact Melvin Mallory, ADA Coordinator, at (434) 924-3295 or adacoordinator@virginia.edu.

EMPLOYEE INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Department/School: _____ Box#: _____ Email: _____

SUPERVISOR INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Department/School: _____ Box #: _____ Email: _____

- Prior to meeting with the employee, review the job description to ensure that the essential functions of the job are current and clearly defined.
- Review and follow the Office for Equal Opportunity and Civil Rights (“EOCR”) Procedures for Employees with Disabilities to Request Workplace Accommodations available on EOCR’s website: <http://eocr.virginia.edu/procedures-employees-disabilities-request-workplace-accommodations>.
- Provide the employee with the essential job functions and a copy of the Procedures for Employees with Disabilities to Request Workplace Accommodations. Review the definition of a disability as defined by the Americans with Disabilities Act of 1990, amended (“ADA”) with the employee.
- Explain the employer’s responsibility under the ADA to the employee: *As an employer covered by the ADA, the University of Virginia/University of Virginia Medical Center is required to provide reasonable accommodations for qualified employees with disabilities, unless doing so would create an undue hardship or pose a direct threat to an employee or other employees.*

A. OBVIOUS DISABILITY, NEED FOR AN ACCOMMODATION, AND NO UNDUE HARDSHIP

- Discuss the accommodation request with the employee.
- Provide the requested accommodation if it does not cause an undue hardship.
- Document both the accommodation request and the reasonable accommodation provided. Forward the documentation to Human Resources (“HR”).
- Follow up with the employee as indicated in Section C of this Worksheet.

B. DISABILITY AND NEED FOR ACCOMMODATION

- Consult with Human Resources. With HR’s assistance, engage in an interactive dialogue with the employee to determine a reasonable accommodation. During this dialogue, ask the employee to explain how his/her condition will impact one or more of his/her essential job functions.

	<u>Essential Function</u>	<u>Limitation</u>	<u>Duration</u>
1.			
2.			
3.			
4.			
5.			

- Ask if the employee is requesting a specific accommodation and how the requested accommodation will help the employee perform his/her job duties. If he/she does not request a specific accommodation, discuss possible accommodations.
- Explain that if a reasonable accommodation cannot be identified to assist the individual in the current position, reassignment may be necessary.
- Provide a reasonable accommodation that does not cause an undue hardship. If no agreement is reached, alternative solutions should be explored with HR and EOCR.
- Forward the documentation concerning the request for accommodation to HR as soon as possible.
- Follow up with employee as indicated in Section C of this Worksheet.

Note: If it is determined that the condition does not qualify as a disability, notify the employee in writing in accordance with the Procedures for Employees with Disabilities to Request Workplace Accommodations.

C. FOLLOW-UP

- Discuss effectiveness of accommodation with the employee within five (5) working days.
Date of discussion: _____
- Document all follow-up and forward the information to HR.

Employee's Signature

Date

Supervisor's Signature

Date

HUMAN RESOURCES (HR) USE ONLY

Human Resources follows up with the supervisor within 10 days.

Date of follow-up: _____

HR Representative's Signature

Date