

Disability Accommodation Worksheet

Employee

First Name: _____ Last Name: _____ MI: ____

Dept./School: _____ Box #: _____ Email: _____

Supervisor

First Name: _____ Last Name: _____ MI: ____

Dept./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.
- 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 ADA.
- Mention the employer's responsibility under the Americans with Disabilities Act of 1990, as Amended. (*As an employer, the University of Virginia 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*).
- Follow EOP's "Procedures for Employees with Disabilities to Request Workplace Accommodations" at <http://www.virginia.edu/eop/requestforaccommodation.html>

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.
- Follow up with employee as indicated in section "C" of this worksheet

B. Disability and Need for an Accommodation are Not Obvious

- 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. Document in field provided below.

Essential Function

Limitation

Duration

- 1.
- 2.
- 3.

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 Human Resources and Equal Opportunity Programs.

Forward the documentation concerning the request for accommodation to Human Resources.

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 "Procedures for Employees with Disabilities to Request Workplace Accommodations."

C. Follow Up

Discuss effectiveness of accommodation with employee within 5 working days.

Date _____

Document all follow-up and forward the information to Human Resources.

Employee's Signature

Date

Supervisor's Signature

Date

Human Resources Use Only

Human Resources follows up with supervisor within 10 days.

HR Representative's Signature

Date

Forward Information to:

For Medical Center Employees – Veronica Ford, Medical Center Employee Relations, Box 800567

For University Academic Employees – Gary Helmuth, University Human Resources, Box 400127