

REQUEST FOR REASONABLE ACCOMMODATION

DGS OHR 01 (Rev. 12/2016)

Office of Human Resources

Employee must complete Parts A, B, and C when requesting reasonable accommodation whether or not the request requires expenditure of funds.

Complete your portion of this form and give to your immediate Supervisor for signature.

SEND ALL DOCUMENTATION TO:
Office of Human Resources
Attn: Reasonable Accommodation Coordinator
P.O. Box 989052, MS 402
West Sacramento, CA 95798-9052

PART A

EMPLOYEE'S NAME (Last, First M.I.)	CLASSIFICATION TITLE	WORK PHONE NUMBER
DIVISION/OFFICE/UNIT	WORK ADDRESS (Street, City, State, ZIP)	
SUPERVISOR'S NAME (Last, First M.I.)	CLASSIFICATION TITLE	WORK PHONE NUMBER

PART B

1. Identify the limitation which requires an accommodation, be specific e.g., "may not lift over 25 pounds for six months."

2. Is your disability: Permanent Temporary, until: Unknown

3. If equipment is requested, please specify brand, model number, and vendor if known.

4. Specify how this accommodation will assist you to perform the essential functions of the position held or desired.

REQUEST FOR REASONABLE ACCOMMODATION**PART C****Verification by a health professional for your reasonable accommodation must meet the following criteria:**

1. Documentation must include a medical recommendation for a specific reasonable accommodation.
2. The documentation must be written on the official letterhead of the qualified health professional or health professional's organization.
3. The health professional's credentials must be identified, e.g. M.D., D.O., D.C.
4. The documentation must be dated and signed by the health professional.
5. Describe the limitations in detail as they currently exist and only in relationship to the job, and state whether the disability is permanent or temporary. If temporary, specify the date the disability is expected to end.
6. Indicate the extent to which the accommodation will permit the employee to perform the essential functions of the job.
7. If equipment purchase is recommended, please be specific. If work site modification is recommended, or restructuring or sharing of specific duties, describe the recommended action. Please be specific.

EMPLOYEE SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

Distribution:

1. ORIG. – Reasonable Accommodation Coordinator
2. COPY – Equal Employment Opportunity Office (EEO)
3. COPY – Confidential Medical File
4. COPY – Employee

REQUEST FOR REASONABLE ACCOMMODATION**(RETAIN FOR YOUR RECORDS)**

The Department of General Services (DGS) does not discriminate on the basis of disability in admission to, access to, or operation of its' programs, services or activities. The DGS does not discriminate on the basis of disability in its' hiring or employment practices, the California Fair Employment and Housing Act, and the Americans with Disabilities Act.

Information requested on the Reasonable Accommodation Form is used by the Supervisor/Office Chief, the Reasonable Accommodation Coordinator (RAC) and the Human Resources Coordination Committee (HRCC) for the purpose of assessing employee requests for Reasonable Accommodation. It is extremely important for the employee to complete the form with accurate information. Failure to supply the requested information will delay processing of your request.

INSTRUCTIONS FOR COMPLETION – PLEASE TYPE OR PRINT LEGIBLY

Employee **PERSONALLY** completes Parts A, B, & C

PART A

Complete with appropriate employee information.

PART B

1. Explain the limitation that requires accommodation. Give a specific description of the accommodation being requested.
2. Mark appropriately. If temporary, indicate date disability expected to terminate.
3. Specify in detail information requested.
4. Specify in detail how the accommodation requested will allow the employee to perform the essential functions of the job.

PART C

Employee must sign and date the form and obtain immediate supervisor's signature before submitting to the Reasonable Accommodation Coordinator.

Employee is responsible for ensuring a health professional's Documentation substantiates the limitations or restrictions by objective evidence of the need for reasonable accommodation. You are responsible for any expense incurred in providing this information to the Department. Exceptions to this requirement are those instances in which the employee's disability is obvious such as paraplegia or blindness.