



ADAAA Employee Request for Reasonable Accommodation

Employee Name: _____ Job Title: _____

Date of Request: _____ Department: _____

If you are requesting a reasonable accommodation from the City and Borough of Juneau (CBJ) pursuant to the Americans with Disabilities Act as Amended, please fill out this form and return it to your supervisor. The information you provide will be used by your supervisor and any other representative of CBJ, who is authorized to handle employee medical information, for the purpose of determining whether you have a disability (as defined by the ADAAA); whether you are eligible for a reasonable accommodation; and, if so, what that accommodation should be. Under the Health Insurance Portability Act of 1996 (HIPAA), CBJ's privacy policy and practices protects your confidential health information. Your Protected Health Information (PHI) will not be used or disclosed without written authorization from you, except as described in CBJ's HIPAA policy or as otherwise permitted by Federal and State health information privacy laws. Providing this information is voluntary but, if you refuse to do so, CBJ may decline to provide reasonable accommodation.

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1. Do you have a mental or physical condition that effects your ability to perform a major life activity? (Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, etc.)

Yes

No

If yes, describe how your condition affects your ability to perform the major life activity, and which activities are affected.

2. Does your condition limit your ability to perform the essential functions of your job?

Yes

No

If yes, describe how your condition limits your ability to perform the essential functions of your job.

3. Identify the essential function affected and be specific about how the medical condition impairs your ability in each instance.

4. Are you requesting a reasonable accommodation that will enable you to perform the essential functions of your job?

Yes

No

5. What type of accommodation are you requesting?

- Making facilities readily accessible
- Modification of equipment or devices
- Job restructuring
- Part-time or modified work schedule
- Acquisition of equipment or devices
- Modification to a rule, policy or practice
- Use of a qualified reader or interpreter
- Other (specify): _____

Please describe in detail the accommodation you are requesting:

6. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job?

Yes

No

If yes, explain what type of assistance you need.

7. Provide any information or suggestions you can on how the requested accommodation(s) can be provided. If known, include the names, addresses and telephone numbers of vendors and the model numbers and approximate costs of any equipment requested.

Signature of employee: _____ Date: _____