

Appendix 719-A REASONABLE ACCOMMODATION REQUEST

**Eau Claire County
AMERICANS WITH DISABILITIES ACT**

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 function.

In order to complete this form, you will need to understand the essential functions of your job. You may refer to the current job description or contact the Human Resources Department for more information regarding this. You may also contact the Human Resources Department if you have questions or need information about the ADA or the process for requesting reasonable accommodation.

Employee Information

Employee Name:

Work Phone Number:

Title of Position:

Work Location:

Department:

Name of Immediate Supervisor:

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected. Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working.

2. Describe any mitigating measures (medication, assistive technologies such as wheelchairs, etc.) you are using because of the disability, and the effect of those measures on the disability.

3. Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

4. Describe the accommodation you are requesting.

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 accommodation(s) 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.

Employee name (Please print)

Work telephone

Signature

Date