

# Albemarle County

## ADA Reasonable Accommodation Request

The Americans with Disabilities Act prohibits discrimination in all employment practices, including job application procedures, hiring, firing, advancement, compensation, training, leave, and other terms, conditions, and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment-related activities.

Employees requesting an accommodation should notify their supervisors or Human Resources by filling out this form. Applicants should contact Human Resources. General information is needed about the disability and what accommodation is being requested. Human Resources will work with you to determine whether a reasonable accommodation can be made without causing “undue hardship” to Albemarle County. A reasonable accommodation is any modification or adjustment to a position or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Essential job functions are the duties which are so fundamental to the position that an individual cannot do the job without performing these duties. A reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities. An accommodation may be requested at anytime during the application process or during the period of employment. Human Resources is committed to working as quickly and effectively as possible to meet the needs of all our applicants and employees.

Name:	Position:
Department/School:	Supervisor:
Telephone:	Email:

1. Please describe how your condition affects your ability to perform a major life activity. Examples of major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, reading, thinking, communicating, and working.

2. Please describe how your condition affects your ability to perform essential functions of your job.

3. Please describe the accommodation you are requesting.

4. How will the requested accommodation enable you to perform the essential functions of your job?

5. Do you have any information and/or suggestions on how the requested accommodation can be provided? If applicable, please provide suggested vendors and/or model numbers.

6. Is your accommodation request time-sensitive? If yes, please explain.

7. If known, what is the expected duration of the requested accommodation?

8. Is there any additional information that may be useful in processing your accommodation request?

## Acknowledgment and Authorization

As part of my request for reasonable accommodation, I authorize my health care provider to disclose to Albemarle County all information relevant to the condition identified on this request form, and any related medical restrictions and limitations. I further authorize Albemarle County to disclose the relevant medical restrictions and limitations as necessary to provide an effective reasonable accommodation.

This release is valid for one (1) year from the date of employee's signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return form to Albemarle County Human Resources, 401 McIntire Road, Room 125, Charlottesville, VA 22902, (434) 296-5827.*