Middlebury College Job Accommodation Request Forms

Middlebury College supports the intent of federal and state laws designed to eliminate discrimination against qualified individuals with disabilities. Middlebury College is committed to making reasonable accommodations for qualified individuals with disabilities as required by law.

Qualifying disabilities can include:

- vision, hearing, or mobility impairments;
- psychological and medical conditions;
- and learning disabilities;

A qualifying disability substantially limits one or more major life activities.

Examples include: eating, sleeping, walking, standing, lifting, bending, reading, concentrating, thinking, and communicating as well as the operation of a major bodily function such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions)

A qualifying disability is one that may necessitate modifications to the facilities or the job, but which does not prevent the employee from performing, with reasonable accommodations, the essential functions of the job.

If you would like to request accommodation for a disability, please:

- 1) Complete the attached employee form AND
- 2) Have your medical provider complete the attached Medical Inquiry Form.

Return both forms to Human Resources, Service Building, 443-2058 (fax)

Upon receipt of these forms, a Human Resources representative will be in touch with you to discuss your request. The information that you provide will be shared only with members of Human Resources involved in the determination, coordination, and facilitation of reasonable accommodations.

The College reserves the right to request current documentation regarding physical and/or mental disabilities prior to the determination and facilitation of appropriate accommodations.

If you have any questions about reasonable accommodations or about this process, please contact Human Resources at 443-5465.

Middlebury College Employee Request for Accommodation

Empl	oyee Name:
Empl	oyee ID #:
Work	Phone or Home phone:
1.	What is the nature of the impairment?
2.	Please describe how your impairment substantially limits your performance of a major life activity.
3.	Please list the accommodations you wish to request in order to perform the essential functions of your job. Be as specific as possible.
4.	How would these modifications assist you in performing the essential functions?
5.	Have you had an accommodation in the past for the same impairment at Middlebury College? What was it?

Please have your medical provider fill out the attached Medical Inquiry Form. <u>You should provide your doctor with a copy of your job description.</u> Medical documentation (including test types and results, medical notes, diagnostic procedures, notes, etc.) may also be required. Return forms to:

Human Resources Middlebury College Service Building, Middlebury, VT 05753 Fax: 802-443-2058

Middlebury College Medical Inquiry Form

Patient Name:

A request for accommodation has been made by the above named employee. Middlebury College supports the intent of federal and state laws designed to eliminate discrimination against qualified individuals with disabilities and will make reasonable accommodations for qualified individuals as required by law. In order to take appropriate action in this situation, we are requesting information about the patient's work capability and need for accommodation. Feel free to attach additional pages as needed.			
1) Does the employee currently have a physical or mental impairment?	Yes	No	
2) If yes, what is the impairment?			
3) Is the impairment either permanent or long-term?	Yes	No	
4) If <u>not</u> permanent, how long with the impairment likely last?			
5) Based on the limitations the employee has when his or her condition is in an active state, with no mitigating measures, does the impairment substantially limit a major life activity (like eating, sleeping, breathing, walking, standing, lifting, bending, reading, concentrating, thinking, and communicating or major bodily functions)?	Yes	No	
6) Which major life activity or major bodily function is affective and the following of the second o	ected?		

7)	Please review the attached job description. How does the impairment affect the employee's ability to perform the essential job functions?
8)	What adjustment to the work environment or other accommodations would enable the employee to perform the essential functions of that position?
9)	How would the suggested accommodations help the employee to perform the essential functions?
10)	Your name, address, and medical credentials:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual or an individual or an embryo lawfully held by an individual or family member receiving assistive reproductive services.