



## **CLACKAMAS COUNTY**

### **REASONABLE ACCOMMODATION AND/OR ACCESS REQUEST**

**Purpose:** The Reasonable Accommodation and Access Request Form is designed to provide a means of reviewing accommodations and/or access requests of a covered individual. A request for an accommodation should be initiated by the employees and/or person desiring access. For the purpose of employment, a “qualified person with a disability” is a person who with or without reasonable accommodation, is able to perform the essential functions of the position with an impairment that substantially limits a major life activity. Accommodations are determined on a case-by-case basis because the nature and extent of a disabling condition and the requirements of the job may vary. A reasonable accommodation is any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities, and does not impose an undue burden on the employer.

### **GENERAL INFORMATION:**

Submitting Request To:	
Request From:	
Position Title:	Department:
Work Unit:	Work Location:
Work Phone:	Inter-office Address:
E mail Address:	
Supervisor's Name:	Supervisor's Phone:

### **REQUEST FOR ACCESS AND/OR ACCOMMODATIONS:**

1. I am requesting access and/or accommodation because, (please select one): A , B or C

☐ (A) The access and/or accommodation will allow me to participate in a County offered program, activity, or service.

Activity Name:

☐ (B) I am applying for employment. The access and/or accommodation requested will allow me to participate in the examination.

Examination Title (position):

☐ (C) I am currently employed by the County and request a reasonable accommodation.

Position Title:

2. Briefly describe the primary limitation(s) you are experiencing in performing your job or participating in an exam/interview/training.

3. What kind of access and/or accommodations are you requesting?

4. Describe how this accommodation will assist you. (Please attach additional sheets as necessary)

5. Are you aware of any available resources available to assist with your request? If known, include the names, addresses and telephone numbers of vendors and the model number and approximate cost of any equipment requested.

6. Describe the setting for which the accommodation will be used.

7. Please describe and/or provide any information on medical documentation that may support your access and/or accommodation request.

**Note:** Under the ADA, when an individual qualifies for reasonable accommodation the employer is free to choose among effective accommodations and may choose one that is less expensive or easier to provide. A medical examination may be required to determine if an individual has a disability covered by the ADA and is entitled to an accommodation, and, if so, to help identify an effective accommodation.

**Employee/Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEPARTMENTAL ACTION REGARDING THIS REQUEST:** \_\_\_\_\_

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**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please be sure to provide a copy of this completed form to the Human Resources Department)*