AMERICANS WITH DISABILITIES ACT
APPLICATION FOR ACCOMMODATION

Faculty & Staff Accommodation Guidelines

The Americans with Disabilities Act of 1990, as Amended (ADA) prohibits employers from discriminating against individuals with disabilities. The ADA also prohibits retaliation against an employee for taking any action pursuant to the Act.

**Definition of Disability:** The ADA states that an individual is disabled if s/he:

- has a physical or mental impairment that substantially limits one or more of the individual’s major life activities;
- has a record of such an impairment; or
- is regarded as having such an impairment.

**Definition of Qualified Individual:** The term “qualified individual with a disability” means:

- An individual with a disability,
- who can perform the “essential functions” of the employment position,
- with or without reasonable accommodation.

Employers are required to provide reasonable accommodation to the known limitation(s) of a person with a disability, as defined by the ADA.

**Self Disclosure:** In order to establish the existence of a disability and request reasonable accommodation under the ADA, an employee must complete and submit a Request for Disability Accommodation Form to the University EEO/AA Compliance Officer located in Room 634 of the Flora Dungan Humanities Building (FDH).

A department chair or supervisor should not ask an employee about his/her disability or discuss reasonable accommodation with an employee. Instead, the employee should make a written request for accommodation. If the department chair or supervisor has questions about this process, please call the EEO/AA Compliance Officer at 895-4055.

Employees seeking a reasonable accommodation under the ADA must follow the Faculty and Staff Accommodation Procedures.
AMERICANS WITH DISABILITIES ACT
FACULTY & STAFF ACCOMMODATION PROCEDURES

1. **Documentation of Disability:** When an employee submits a Request for Disability Accommodation Form, s/he must provide, at his/her own expense, documentation for his/her disability in the form of a written evaluation by an appropriate health care provider. The employee will be required to sign a Medical/Health Care Information Release Form, so that the health care provider can provide the EEO/AA Compliance Officer with the appropriate documentation. Upon request, the department chair or supervisor will provide the EEO/AA Compliance Officer with a written job description of the essential functions of the job, which may include the mental and physical demands of the employee’s job.

The EEO/AA Compliance Officer will provide the employee with a written request to the employee’s health care provider requesting the appropriate medical documentation of the employee’s disability, as well as the signed release form. It is the employee’s responsibility to ensure that the medical documentation/information requested is returned to the EEO/AA Compliance Officer by the date specified in the written request.

2. **Temporary Accommodations:** After consultation with the employee and his/her department chair or supervisor, the EEO/AA Compliance Officer may provide the employee with a temporary accommodation pending receipt and evaluation of the documentation of the disability. The EEO/AA Compliance Officer will notify the employee, in writing, of the temporary accommodation to be provided.

3. **Evaluation of Documentation:** Upon receipt of documentation from an employee’s health care provider, the University will determine if the employee has a disability as defined by the ADA, and if the employee can perform the essential functions of her/his position, with or without reasonable accommodation.

4. **Second Opinions:** The EEO/AA Compliance Officer may contact the employee’s health care provider for clarification of the written evaluation. The EEO/AA Compliance Officer may also, at the University’s expense, seek a second opinion. The employee must make him/herself available for such an evaluation.

5. **Final Determination and Notification to Staff or Faculty Members:** The University has the authority to make the final determination regarding what accommodation, if any, is appropriate. When a final determination is made, the EEO/AA Compliance Officer will send written notification to the employee of the determination, whether an accommodation has been granted, and if so, will specify what accommodation has been granted. The EEO/AA Compliance Officer will also notify the employee’s department chair or supervisor if an accommodation is to be provided to the employee.

6. **Right to Appeal:** If an accommodation is denied, the employee may submit a notice of appeal to the EEO/AA Compliance Officer within three (3) working days of receipt of the written accommodation decision. The notice must be in written form and is described in detail at hr.unlv.edu.
Employee Request For Disability Accommodation Form

Under the
The Americans with Disabilities Act (ADA), and
The ADA Amendments Act (ADAA)

Employee Name:_____________________________ Employee ID#:_________________

Home Address:______________________________________________________________

Home/Cell Phone:_____________________________ Work Phone:____________________

Job Title:________________________ Department:____________________

Supervisor’s Name:________________________________________________________________

Reasonable accommodation under the ADA is an interactive process. In order to understand the basis and nature of your request, please answer the following questions (attach additional sheets if necessary) and submit appropriate documentation relevant to your disability.

Please provide a brief description of your Essential Job Functions and responsibilities.

Examples of Essential Functions include, but are not limited to:

• The employees in the position are required to perform those functions;
• They are functions that would fundamentally change the position if removed;
• The positions exists to perform those functions;
• A limited number of other employees are able to perform those functions; or,
• The functions are highly specialized and the person in the position is hired for his or her special expertise or ability to perform the function.
Describe the disability for which you are requesting accommodation (e.g. visual impairment, physical impairment, or other). An individual with a disability is a person who:

- Has a physically or mental impairment that substantially limits one or more major life activity; or
- Has a record of such impairment; or,
- Is regarded as having such an impairment.

Factors considered to determine whether a person’s impairment substantially limits a major life activity include:

- The nature and the frequency of the impairment;
- The expected duration of the impairment
- The permanence or long-term impact of the impairment.

Describe how your disability/limitation affects your ability to perform one or more essential functions of your job.

What specific accommodation is needed to perform your essential job functions?
Reasonable accommodations are any modification or accommodation to a position, practice, policy or the work environment that allows an individual with a disability who is qualified to participate equally in an employment opportunity. Reasonable accommodations may include, but are not limited to:

- Job restructuring, modifying work schedules, reassigning to a vacant position;
- Acquiring or modifying equipment or devices;
- Providing qualified readers or interpreters; and
- Making existing facilities readily accessible and usable by persons with disabilities.
What other accommodations do you feel might be responsive to your request?

How long do you anticipate the need for an accommodation?

Has a physician, vocational rehabilitation specialist, or other health professional recommended a specific accommodation? No_____ Yes:_____
If you answered yes, please attach a copy of their recommendations. If you do not have the documentation, please list the diagnostics you have had completed and with which medical provider the records reside.

Provide Medical Documentation. Please include copies of any/all medical documentation you have to support your request. This might include FCE’s, reports or prescriptions issued by your Physician / Health Care Provider, and/or any other documentation relevant to your request. Once all required documentation is received, the EEO/AA Compliance Officer will determine if the physical/mental impairment qualifies as a disability. If so, the next step is to determine possible reasonable accommodations.

Submit original to the EEO/AA Compliance Officer, University of Nevada, Las Vegas 4505 South Maryland Pkwy., Box 451062, Las Vegas, NV 89154-1062; Phone: 702-895-4055

Confidentiality:
All documentation is confidential and used by the EEO/AA Compliance Officer for the purposes of consideration for ADA accommodation only and will not be placed in your employment file. Such information may be shared on a strict need-to-know basis with appropriate University administrators. When supervisors are informed of an employee’s limitations and accommodations, disclosure of the employee’s medical information and status as an employee with a disability to other employees is prohibited.

______________________________  ______________________________
Employee Signature               Date
AMERICANS WITH DISABILITIES ACT
MEDICAL / HEALTHCARE INFORMATION RELEASE FORM

This form will not be placed in your employment record file. Medical Information Request and Verification for Employee Requesting Accommodation under the Americans with Disabilities Act.

Submit a Medical / Healthcare Information Release Form for EACH health care provider you authorize to release information.

Patient Name: _______________________________ Date of Birth: ___ / ___ / ___
(Patient First, Last Name)

Medical ID/Patient Number, or Last 4 digits of Social Security Number: __________________

Name and Title of Health Care Professional: ________________________________

Name of Facility: _________________________________________________________

Telephone Number: __________________________ Fax Number: _______________________

Address of Facility: _________________________________________________________
(Street Address)

(City) (State) (Zip)

Brief description of disability/limitation for which you are requesting accommodation: ______

I do hereby authorized the University of Nevada, Las Vegas EEO/AA Compliance Officer to communicate verbally and in writing, if, necessary, with the appropriate health care or rehabilitation professionals with regard to the resolution of my request for a disability accommodation. My signature indicates that I am aware of the nature of the information being disclosed and with whom it will be shared.

A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until the University completes its evaluation of my request for accommodation of this condition.

I release the above named Physician/Medical Professional from any liability associated with the disclosure of confidential or privileged medical/healthcare information. I understand that the University of Nevada, Las Vegas EEO/AA Compliance Officer cannot properly evaluate my request for accommodations unless I sign this release and that any information disclosed under this release could potentially be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

I understand that I may revoke this release in writing at any time by sending a written revocation of authorization to: EEO/AA Compliance Officer UNLV, 4505 Maryland Parkway, Box 451062, Las Vegas, NV 89154-1062, 702-895-4055.

Employee Signature ___________________________ Date ___________________

EEO/AA Forms Rev. 10/2012