

Oakton Community College
Employee ADA Reasonable Accommodation Procedure

In accordance with the Americans with Disabilities Act, a qualified individual with a disability may be entitled to reasonable accommodation in order to perform the essential functions of his/her job.

Please keep in mind that while every effort will be made to ensure that personal information contained in this request will be handled with respect and discretion, because others may need to know and to be involved in the determination of appropriate accommodations, strict confidentiality cannot be guaranteed. Medical information may be disseminated to College personnel involved in the decision-making process.

Because different jobs require different tasks performed, accommodations that may be necessary for one employee may not be necessary and/or available for another, even if both employees have the same disability. Reasonable accommodations will be made in accordance with the nature of the disability and the nature of the employee's work.

If you are granted an accommodation due to disability, the College reserves the right to request periodic updates of your condition as such status reports may be necessary.

The College also reserves the right to direct, at the College's expense, the employee to undergo an independent evaluation. The independent evaluation will be conducted by a physician that the College selects regarding the request for accommodation and the impact of the disability to perform job functions. All information regarding an employee's disability and the reasonable accommodation request is confidential. Any documentation will be kept confidential and separate from the employee's departmental personnel file.

Employees must complete the "Employee Request for an ADA Reasonable Accommodation Form", the "Release of Information for Employees Form" and obtain a letter from a physician that provides a clinical diagnosis of the disability. Both forms and physician documentation should be returned to the Director of Human Resources or the director's designee.

Oakton Community College
Employee Request for an ADA Reasonable Accommodation Form

NAME: _____ DATE: _____

DEPT: _____ JOB TITLE: _____

PHONE: _____ (work) _____ (home)

Please describe the nature of your limitations, what life activity(s) it substantially limits, and how this life activity is substantially limited:

How does it affect your ability to perform your job:

Type of accommodation you are requesting:

- | | |
|--|---|
| <input type="checkbox"/> Making facilities readily accessible | <input type="checkbox"/> Modification of equipment or devices |
| <input type="checkbox"/> Job restructuring | <input type="checkbox"/> Qualified reader or interpreter |
| <input type="checkbox"/> Part-time or modified work schedule | <input type="checkbox"/> Acquisition of equipment or devices |
| <input type="checkbox"/> Modification to a rule, policy or procedure | <input type="checkbox"/> Other _____ |

Please describe in detail the accommodation you are requesting:

How will the requested accommodation be effective in allowing to perform the essential functions of your job:

Comments:

Please attach a letter from your physician providing a detailed, clinical diagnosis of your disability.

I authorize Oakton Community College to obtain additional medical documentation from my treating physician (s) regarding my disability, should such be needed, and agree to execute any forms required to obtain such medical documentation.

Employee Signature: _____

Return this form to the Director of Human Resources, Room 1750, DPC.

FOR OFFICE USE ONLY:

Date Received: _____

Accommodation Made: _____

Accommodation Denied: _____

Administrative Signature: _____ Date: _____

Oakton Community College, in accordance with the Americans with Disabilities Act (ADA) and the Illinois Human Rights Act (IHRA) is committed to ensuring that qualified individuals with disabilities will not be subject to unlawful discrimination in the workplace. Individuals with disabilities may need reasonable accommodation to perform the essential functions of their position. Consequently, the College has developed this form to assist employees in making accommodation requests and to assist the College in responding in an appropriate and timely manner.

Oakton Community College
Employee Request for an ADA Reasonable Accommodation
Release of Information for Employees Form

I, _____, understand that I am giving permission to _____ of the _____ Department at Oakton Community College to contact the following individual(s) for purposes of requesting documentation/information regarding my disability including the diagnosis and limitation associated with that diagnosis. I understand that this permission will remain in effect from the day I sign this document until I revoke permission in writing or am no longer affiliated with Oakton Community College.

I give _____ of _____ (department)

permission to contact:

Name _____

Address _____

Phone _____ Email _____

I understand that communication with the above named individual(s) will not include personal disclosures that do not pertain to my disability.

Signature

Print Name

Date