**LDAF REQUEST FOR ACCOMMODATION FORM**

**CONFIDENTIALITY STATEMENT:**

A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

**SECTION 1: REQUESTOR INFORMATION**

Requestor’s Name:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor is *(check only one)*: [ ]  Employee [ ]  Job Applicant [ ]  Visitor / Public

 Requestor’s Email Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Requestor’s Phone #:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If Requestor is an employee, also provide: Job Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Division/Unit:\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: REQUESTED ACCOMMODATION** *(Attach a separate sheet if additional space is needed)*

1. Please describe the nature of your disability and the functional limitations resulting therefrom.

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1. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

|  |  |  |
| --- | --- | --- |
|  | Accommodation Type: | Reason for Accommodation Request: |
|  | [ ]  Application/Testing ProcessExplain the specific application/testing requirement for which accommodation is requested: (🡪) |       |
|  | [ ]  Participating in a Job InterviewIdentify the Date/Time/Location of the job interview for which an accommodation is requested: (🡪) |
|  | [ ]  Performance of Essential Functions of Your JobExplain the job duties for which accommodation is requested: (🡪) |
|  | [ ]  Benefits/Privileges of EmploymentExplain the benefits or privileges of employment for which accommodation is requested: (🡪) |
|  | [ ]  Pregnancy, Childbirth or Related ConditionExplain how pregnancy, childbirth or a related condition affects your ability to perform your job: (🡪) |
|  | [ ]  Effective CommunicationIdentify the Date/Time/Location for which an auxiliary aid is requested: (🡪) |
|  | [ ]  Access to Programs, Services or FacilitiesIdentify the specific program, service or facility for which access is needed: (🡪) |

1. Describe the accommodation(s) requested. *(Identify specific auxiliary aid requested, if applicable)*

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Requestor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 3: TO BE COMPLETED BY AGENCY ADA COORDINATOR**

1. Process Tracking:
	1. Date the Request for Accommodation was prepared/signed by Requestor:      \_\_\_\_\_\_\_
	2. Date the Request for Accommodation was received by ADA Coordinator:      \_\_\_\_\_\_\_
	3. Date of initial contact with Requestor *(initiate interactive process)*:      \_\_\_\_\_\_\_\_
	4. Date(s) of follow-up contact with Requestor:
	5. Date the Request for Accommodation was discussed with Appointing Authority:      \_\_\_\_\_\_
	6. If applicable, date the alternative accommodation(s) was discussed with Requestor:      \_\_\_\_\_
	7. Date Requestor was notified of final accommodation determination:      \_\_\_\_\_\_\_
	8. Date Requestor was notified of internal grievance procedure:      \_\_\_\_\_\_\_
2. Is there an equally effective accommodation(s), other than the one requested, that would satisfy the request? *(Consult with* [*www.askjan.org*](http://www.askjan.org) *or Louisiana Rehabilitation Services, if necessary)* [ ]  Yes [ ]  No

If Yes, please identify:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Was an accommodation granted? [ ]  Yes *(Proceed to section d. below)* [ ]  No *(Proceed to section e. below)*

1. Accommodation Granted:

Was the accommodation granted the same as the one requested? [ ]  Yes [ ]  No

If an alternative, equally effective accommodation was granted, explain the reason this option was selected rather than the one requested. *(Reason for alternative accommodation should be fully documented.)*

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1. Denial of Accommodation:

 Check reason for denial **and** provide further explanation below. *(Denials should be fully documented.)*

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| --- | --- |
| *ADA Title I (for employees / applicants)*[ ]  Requestor is not a “qualified individual” (See Definition in agency policy)[ ]  Accommodation would pose an  undue hardship to the agency[ ]  Accommodation would not eliminate  direct threat of substantial harm to  safety of individual or others | *ADA Title II (for visitor / public)*[ ]  Requestor is not a “qualified individual”  (See Definition in agency policy)[ ]  Accommodation would fundamentally alter the  nature of the agency’s service, program or activity[ ]  Accommodation would not eliminate direct  threat of substantial harm to safety of individual  or others |

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ADA Coordinator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_