## PROCEDURE

**PRO-U1600.03A REQUESTING AN EMPLOYEE DISABILITY ACCOMMODATION**

<table>
<thead>
<tr>
<th>Action by:</th>
<th>Action:</th>
</tr>
</thead>
</table>
| **Employee with disability** | 1. *Submits* Reasonable Accommodation Request Form (FRM-U1600.03A) to Human Resources.  

   1a. If chooses to first discuss accommodation needs with supervisor, *does not provide* supervisor with medical information regarding disability (ie. diagnosis, etc), but only limitations created by the disability and possible accommodations. |
| **Human Resources/Supervisor** | 2. *Engages* in discussion with employee about limitations and possible accommodations. *Supervisors may not* inquire about medical information (ie. diagnosis, cause, etc) or accept medical documentation.  

   3. *Documents* discussion and request. *Supervisors may not deny a request* but must notify HR as soon as possible of request. |
| **Human Resources** | 4. *Maintains* strict confidentiality, only involving those on a need to know basis.  

   5. *Provides* employee with a copy of Accommodation Packet and supervisor with procedures. |

   7. *Provides* requested documentation in a timely manner. |
| **Human Resources** | 8. *Evaluates* request for accommodation (TSK-1600.03A) |

---

**PRO-U1600.03A Requesting an Employee Disability Accommodation**
9. **Reviews** decision with employee and supervisor.

   9a. If approved, **decides** with employee and supervisor on an appropriate timeline for implementation and **provides** employee and supervisor with necessary information to implement accommodation.

   9b. If decides request is not reasonable, **engages** in an interactive process with employee and department to determine availability of an alternative accommodation.

   9c. If employee or department is not satisfied with the decision, **contacts** HR Associate Director.

10. **Works** with employee, department and other parties (as necessary) to attempt resolution.

11. **Refers** employee to *Discrimination Complaint Procedure* (PRO-1600.02A) if not satisfied with process or decision(s).

12. **Follows** directions in timeframe given by HR to implement accommodation(s).

13. **Contacts** HR regarding any problems or delays with the accommodation.

14. **Ensures** any costs related to implementing the accommodation(s) are covered by the department and not passed on to the employee.

15. **Contacts** employee and administrator within 30 days of implementation for a follow up review.