

# Making It Work

## An Employee Workbook

Worksheets and Forms to Help  
You Understand, Research, and  
Prepare Your Request for ADA  
Workplace Accommodation



**Sheryl Ellis, PHRca, SHRM-CP, ADAC**  
ADA Compliance and HR Facilitator  
Augmented HR Solutions, LLC

# **Making It Work**

## **An Employee Workbook**

**Worksheets and Forms to Help  
You Understand, Research, and  
Prepare Your Request for ADA  
Workplace Accommodation**

**Sheryl Ellis, PHRca, SHRM-CP, ADAC**  
ADA Compliance and HR Facilitator  
Augmented HR Solutions, LLC

*Making It Work: An Employee Workbook*

© 2020 by Sheryl Ellis. All rights reserved.

This workbook or any portion of it may not be reproduced or used in any manner without written permission from the publisher. The only exception is by a reviewer who may use brief quotations or limited images in a review.

Editing and Design by Accessibility First at [www.thinkaccessibilityfirst.com](http://www.thinkaccessibilityfirst.com)

Printed in the United States.

ISBN: 978-1-7335030-2-0

[www.aughrs.com](http://www.aughrs.com)

# Table of Contents

---

<b>Introduction: How the ADA Applies to You</b> .....	<b>1</b>
Ways to Use This Workbook .....	2
Is My Employer A Covered Entity? .....	4
<b>Section 1. Describing Your Health Condition.</b> .....	<b>5</b>
Do You Have an Impairment? .....	5
Physical and Mental Impairments .....	5
Major Life Activities .....	8
Is Your Health Condition Substantially Limiting? .....	12
Mitigating Measures .....	13
<b>Section 2. Identifying Elements of Your Job Affected by Your ADA Disability</b> .....	<b>15</b>
* <b>Job Analysis Worksheet</b> .....	<b>16</b>
Part 1. Essential and Marginal Functions .....	16
Part 2. Other Elements of Your Job .....	19
Part 3. Final Evaluation .....	28
<b>Section 3. Researching and Identifying Accommodations</b> .....	<b>29</b>
Two Types of ADA Accommodations for Employees .....	29
Brainstorming Accommodation Ideas .....	32
Reassignment as a Reasonable Accommodation .....	35
<b>Section 4. Requesting an Accommodation</b> .....	<b>37</b>

Requesting an Accommodation in an Emergency . . . . .	37
Find Out if Your Employer Has an Accommodation Policy . . . . .	37
Decide How to Make Your Request . . . . .	39
<b>* Accommodation Request Letter - Example. . . . .</b>	<b>40</b>
Medical Documentation from Your Healthcare Provider . . . . .	41
<b>* Healthcare Provider Certification. . . . .</b>	<b>42</b>
Determine the Best Time to Make Your Request . . . . .	50
Practice Your Request – Tip Sheet . . . . .	50
<b>Section 5. Engaging in the Interactive Process. . . . .</b>	<b>53</b>
Documenting the Interactive Process . . . . .	53
<b>Section 6. Possible Outcomes After You Request an Accommodation. . . . .</b>	<b>55</b>
Documenting the Outcome of Your Accommodation Request . . . . .	55
<b>Conclusion . . . . .</b>	<b>58</b>

\* The highlighted sections are printable forms you can use with your employer and your healthcare provider during the accommodation process.

# Introduction: How the ADA Applies to You

This workbook is designed to help you prepare a request for accommodation from your employer under the Americans with Disabilities Act (ADA).

Using the legal concepts and definitions from Title I of the ADA, the workbook exercises take you step by step through the nuts and bolts of an accommodation request. By filling out the worksheets and exercises here, you will begin to understand the concepts involved and explore how they apply to your situation. When you have worked through each section, you will be able to describe the health condition or physical or mental limitations you are experiencing, analyze your job duties and how your health condition is impacting you at work, research accommodations that will help you be able to work, and make a request for accommodation from your employer.

This workbook is tied closely to the book *Making It Work: Managing Your Health Condition Through ADA Workplace Accommodations*. The book *Making It Work* provides information on Title I of the ADA, an employer's obligations under the ADA, and the employment accommodation process. It contains detailed explanations, definitions, and many diverse examples of employee situations, and it provides a big-picture view of how ADA definitions, processes, and requirements fit together. Because of the detailed information available there, I will periodically refer you back to specific chapters and appendices of the book *Making It Work*, which you can reference for examples, explanation, and discussion of the questions being asked in the workbook exercises.

This workbook shows you how to take the information you have learned in *Making It Work* and apply it to your own situation. As **Chapter 1. Learning the Basics of the ADA and Employment** explains, the ADA is applied on an individualized, fact-specific, case-by-case basis. Even if two people have the same health condition, it may affect them in completely different ways and it may affect their ability to perform the functions of their jobs differently, as well. Knowing and being able to explain the details of how your health condition affects you and how the limitations caused by your condition affect how you perform your job is absolutely crucial. Your preparation using this workbook ensures that you and your employer are speaking the same language when it comes to discussing the limitations you experience at work and the accommodation options that will work best for you.

You are certainly not required by law to analyze your job duties, research possible accommodations, or prepare to request an accommodation. Taking these steps is only a recommendation. You are only required, at minimum, to make your accommodation request and to cooperate and engage in the interactive process with your employer. However, in my experience as an HR professional, a certified ADA compliance facilitator, and a person with an ADA disability, I have found that the more the employee understands and prepares for the accommodation process with their employer, the more effective the process turns out to be for both the employee and the employer.

You are the person performing your job day in and day out, and you are the one that deals with your health condition on a daily basis. By using this workbook to help you prepare for your discussions with your employer, you will be able to provide a clearer picture of how your ADA

disability impacts you at work and what you need to overcome those challenges, limitations, or work restrictions. Your insight will provide a good foundation for your employer to work from as they determine which accommodation will be most effective for your specific work situation.

## Ways to Use This Workbook

As you work through the workbook, you will see that not all the questions apply to your specific situation. You may even find that you do not know the answers to all the questions that do apply to you. This is okay. Simply do your best to fill out the relevant questions, even if you are not completely certain of the answer. Make your best guess.

Some of you reading this workbook may not have the luxury of time to thoroughly go over each section and complete exercises before you must request an accommodation. Some individuals will have urgent and immediate needs for accommodation because of a hospitalization, injury, or because a healthcare provider informs them that they will be restricted from performing certain activities at work because of their health condition. Whatever situation you find yourself in, just do the best that you can.

Your employer will recognize your efforts. If you do have time, I recommend focusing on what applies to you and what seems to be most helpful and relevant in your situation at work. You can always come back to the workbook at a later time to revisit questions that may be helpful later in the accommodation process with your employer.

This workbook is for your personal use and should be considered confidential. However, you can also choose to share portions of it, if desired. You have the option of bringing this workbook, and the notes you have added, with you to meetings with your employer during the accommodation process, if you think it would be helpful to you. You also have the option of providing copies of this workbook, or parts of the workbook (whether filled out or blank), to your employer if you think it would expedite the accommodation process or help your employer accommodate you more effectively.

## Forms

There are three forms in the workbook designed to be shared with your employer, if you wish to do so. They can be used to gather information in an organized and official way.

- **Job Analysis Worksheet (p. 16)** – This worksheet examines the duties of your job, breaks them down into essential and marginal functions (an important distinction in the ADA), and walks you through a detailed exploration of how your health condition is affecting your ability to perform the different elements of your job. The worksheet can be very helpful if you have either an outdated job description or do not have a job description at all. You can share the Job Analysis Worksheet with your employer, or even offer it as tool for creating your job description if you do not have one.
- **The Accommodation Request Letter Example (p. 40)**, provides a template for you to follow when you are writing a letter to submit an accommodation request to your employer. This letter is an example only, and it needs to be filled out with your own information before it can be used.

- **Health Provider Certification (p. 42)** – It is very common for employers to request some form of medical documentation during the accommodation process. If your employer does not have their own form for medical documentation, you can offer this form as a tool for your healthcare provider to use. Under the ADA, it is the employee’s responsibility to secure documentation from their healthcare provider, so if your employer requests it, make sure to take their request seriously and respond promptly.

If you are using this workbook in an electronic format, the forms are designed to be printed and used on their own (independently from other workbook pages). To print a form, simply select the correct page range when you are printing from the workbook file.

### **Keeping Your Own Records**

You can also use this workbook to record what has taken place as a result of your request for accommodation and during the accommodation process with your employer. Jot down dates, times, conversations, notes, and other important information that occurs. This workbook can also be helpful in keeping track of how an accommodation may or may not be working for you and what changes or adjustments you think you may need.

Your employer will also be documenting the process (they are legally required to do so), but it is important for you to keep your own records and documentation about the discussions that take place and the decisions that are made during the accommodation process, in case there is any confusion or miscommunication about what was said or done.

Your own documentation of the process may be used for a variety of reasons. I have seen situations where an employee receiving accommodation gets a new manager, and the new manager is unaware of accommodations that are in place. This can be very frustrating. If you have documented what transpired during your accommodation process and what accommodations were agreed upon, that record can be helpful for the new manager, so they know how to accommodate you.

Unfortunately, it is not uncommon for some employers to actually lose documentation about accommodation requests or information about agreed-upon accommodations. This can happen for many reasons, including layoffs, acquisitions, upper management changes, or other employer changes.

Finally, documenting your accommodation process can help in tracking how your accommodation is working for you and areas where you may have to make changes to your accommodation because of new job responsibilities or changes in your health.

### **Using the Book and Workbook Together: Follow the Icons**

As we’ve discussed, the information in this workbook is very connected with the book *Making It Work*. In every workbook section, there are references to chapters and appendices in the book that provide more detail and examples about the concepts being discussed, in case you are unsure how the question should be answered or how it may apply to your specific situation.

To make it easier to follow these references between the book and workbook, you’ll see the same icons used in both. Every icon in the workbook points to a chapter in *Making It Work*, helping you turn to the right spot in your book if you need more information. The first icon example is on the next page.



## Is My Employer A Covered Entity?



Before starting the workbook, you want to first confirm that your employer is a covered entity who is required to comply with Title I of the ADA. For more information regarding what employers are considered covered entities, please see Covered Employers and Entities Required to Comply with Title I in Chapter 1 of *Making It Work*.

If your employer is not a covered entity under the ADA, your employer may be considered a covered entity under a state discrimination law that expands coverage for individuals with disabilities. For questions on whether your employer is covered by Title I of the ADA, I recommend referring to Chapter 1 in *Making It Work* or contacting your ADA Regional Center. You can find contact information for ADA Regional Centers in Appendix G. Researching Accommodations.

Additional Notes – Is My Employer a Covered Entity?

# Section 1. Describing Your Health Condition



This section helps you identify how your impairment is affecting you at work and in your daily life. For more information on what the terms used in this section mean, refer to Chapter 2. *Are You a Qualified Employee with an ADA Disability?* and Chart 1 in the book *Making It Work*.

## Do You Have an Impairment?

As you work through these questions, do not focus on or worry about whether you “qualify” as having an ADA disability. If your health condition impacts your ability to do your job, you most likely qualify as having an ADA disability. In the accommodation process, your employer will focus on how your health condition impacts you at work and whether there is an accommodation that can help you overcome those limitations, not whether your health condition qualifies as an ADA disability according to some special definition.

## What Type of Health Impairment Do You Have?

The ADA recognizes three ways a physical or mental impairment might affect a person. Which one best describes you? Check (✓) one or more below and add an explanation.

Health Impairment	Check If Applicable	If checked, briefly explain.
An actual physical or mental health condition that substantially limits one or more major life activities	<input type="checkbox"/>	
A history of a health condition (such as cancer)	<input type="checkbox"/>	
Regarded as having a health condition even though you do not actually have one*	<input type="checkbox"/>	

\*If your employer regards you as having an impairment that you do not have, you are not entitled to a reasonable accommodation, but you are protected against discriminatory employment actions related to your perceived impairment. See Chapter 2 in *Making It Work* for more information.

## Physical and Mental Impairments

You can refer to Appendix B. Physical and Mental Impairments in *Making It Work* for examples of different types of physical and mental impairments and examples of diagnoses that may be useful in helping you to describe your health condition. If you do not see your physical or mental impairment or your exact diagnosis listed, it does not mean that your condition is not considered

an impairment. The conditions and categories listed are examples only. Appendix B is designed to help you to better identify how your health condition may contribute to a physical or mental impairment.

You may find that your health condition affects multiple parts of your body. Appendix B can help you identify and describe the different areas of your body affected. It is up to you whether you reveal your diagnosis to your employer or whether you only describe how your health condition contributes to impairments that affect you at work.

The process of identifying what type of impairment you have will help you make decisions about how you want to explain your health condition to your employer during the accommodations process, and how you wish to describe the ways it affects your ability to perform your job functions, access your employer’s facilities, or engage in benefits or programs.

**Do You Have a Physical Impairment as a Result of Your Health Condition?**

Check ( ✓ ) any items below that apply to your condition and describe the effects of any physical impairments you experience.

Types of Physical Impairments	Check If Applicable	If checked, briefly explain how this physical system is affected by your health condition.
Neurological	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	
<b>Special Sense Organs</b> <ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Taste</li> <li>• Smell</li> <li>• Balance</li> </ul>	<input type="checkbox"/>	
<b>Respiratory</b> Including speech organs	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	

Types of Physical Impairments	Check If Applicable	If checked, briefly explain how this physical system is affected by your health condition.
Reproductive	<input type="checkbox"/>	
Digestive	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	
Immune System	<input type="checkbox"/>	
Normal Cell Growth	<input type="checkbox"/>	
Cosmetic Disfigurement	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Pregnancy	<input type="checkbox"/>	
Anatomical Loss	<input type="checkbox"/>	
Hemic and Lymphatic	<input type="checkbox"/>	

Types of Physical Impairments	Check If Applicable	If checked, briefly explain how this physical system is affected by your health condition.
Skin	<input type="checkbox"/>	
Other Impairment	<input type="checkbox"/>	

**Do You Have a Mental Impairment as a Result of Your Health Condition?**

Check ( ✓ ) any items below that apply to your condition and describe the effects of any mental impairments you experience.

Types of Mental Impairments	Check If Applicable	If checked, briefly explain how you are affected by your health condition, illness, injury, or disease.
Organic Brain Syndrome	<input type="checkbox"/>	
Intellectual Impairment	<input type="checkbox"/>	
Emotional or Mental Illness	<input type="checkbox"/>	
Specific Learning Impairment	<input type="checkbox"/>	
Other Mental Impairment	<input type="checkbox"/>	

**Major Life Activities**

Identify and explain how your health condition affects different major life activities in ways that are substantially limiting for you, especially at work. Major life activities also include the activity of major bodily functions, such as immune system function, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please refer to [Appendix C. Major Life Activities](#) to help you identify which major life activities are affected by your health condition. The lists in Appendix C are a fairly comprehensive, but not all-inclusive, list of major life activities, including examples of how impairments in these major life activities can affect individuals at work.

The more clearly you can describe how certain major life activities and bodily functions are affected by your health condition at work, the more easily you will be able to convey to your employer the challenges and limitations you are experiencing and where you may need an accommodation. Also, identifying which major life activities and bodily functions are affected by your health condition will make it easier to research and identify what accommodations you may need.

### **What Major Life Activities Does Your Health Condition Affect?**

Check ( ✓ ) the major life activities below that are affected by your health condition and describe the effects that you experience.

<b>Major Life Activities</b>	<b>Check If Applicable</b>	<b>If checked, describe how this major life activity is affected by your health condition on a daily basis.</b>
Walking	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	
Lifting	<input type="checkbox"/>	
Bending	<input type="checkbox"/>	
Twisting	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	

Major Life Activities	Check If Applicable	If checked, describe how this major life activity is affected by your health condition on a daily basis.
Using Hands or Fingers, Handling Objects	<input type="checkbox"/>	
Climbing or Balancing	<input type="checkbox"/>	
Stooping, Kneeling, Crouching, or Crawling	<input type="checkbox"/>	
Performing Manual Tasks	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Seeing	<input type="checkbox"/>	
Feeling Objects	<input type="checkbox"/>	
Caring for Oneself Including bathing, hygiene, cooking, cleaning, etc.	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	

Major Life Activities	Check If Applicable	If checked, describe how this major life activity is affected by your health condition on a daily basis.
Speaking	<input type="checkbox"/>	
Communicating	<input type="checkbox"/>	
Coordination	<input type="checkbox"/>	
Breathing	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	
Learning	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	
Concentrating, Thinking	<input type="checkbox"/>	
Interacting with Others	<input type="checkbox"/>	
Dexterity Performing small movements with hands	<input type="checkbox"/>	



Major Life Activities	Check If Applicable	If checked, describe how this major life activity is affected by your health condition on a daily basis.
Other Major Life Activities	<input type="checkbox"/>	

## Is Your Health Condition Substantially Limiting?

An impairment is considered substantially limiting if it typically lasts for more than several months and significantly restricts the performance of one or more major life activities during that time. Your impairment does not need to *severely* or *significantly* restrict a major life activity, it only has to *substantially* limit a major life activity. Comparing your abilities and activities to those of others, in a general way, can provide some insight. There are also some impairments that are automatically considered substantially limiting by their very nature. Refer to [Is Your Health Condition Substantially Limiting?](#) in Chapter 2 for a full discussion of what these terms mean.

I have included questions below to help you describe to your employer how your health condition is substantially limiting. However, you may not know how long or in what way your health condition is substantially limiting until you discuss this question with your healthcare provider. Your healthcare provider will also provide your employer with this information if your employer requests medical documentation. Until you work with your healthcare provider on medical documentation, describe how you find your health condition is substantially limiting to the best of your ability.

## How Is Your Health Condition Substantially Limiting Compared to the General Population?

There are several ways that a health condition can be substantially limiting. Which one best describes you? Check ( ✓ ) one or more below and add an explanation.

How is Your Health Condition Substantially Limiting?	Check If Applicable	If checked, briefly explain.
Is it episodic, periodic, infrequent, or irregular, but limiting when active?	<input type="checkbox"/>	

How is Your Health Condition Substantially Limiting?	Check If Applicable	If checked, briefly explain.
Is it a long-term or potentially long-term impairment that is expected to last for several months?	<input type="checkbox"/>	
Is it a temporary impairment with permanent or residual long-term effects?	<input type="checkbox"/>	
Is your impairment currently in remission?	<input type="checkbox"/>	
Can your healthcare provider not predict the severity of your condition, and does it have an unknowable duration?	<input type="checkbox"/>	

If you have answered the previous questions and have determined that you have a health condition that is substantially limiting one or more of your life activities, you have an ADA disability. The questions in Section 2 will explore in more detail how your ADA disability affects you at work.

## Mitigating Measures

Mitigating measures are medications, assistive devices, and other devices that lessen or eliminate the effects of an ADA disability.

Refer to [Appendix D. Mitigating Measures](#) for examples of mitigating measures that some individuals use. For some people, using a mitigating measure may eliminate all impairments that they experience with their ADA disability. But for some people, mitigating measures may result in other limitations, challenges, or side effects that require accommodation. Appendix D does not have an all-inclusive list of mitigating measures, but it does provide examples that may help you identify any mitigating measures you use and how they positively or negatively affect you at work.

If the mitigating measures you use negatively affect your ability to perform your job functions and you need help overcoming the negative effects, I recommend identifying possible accommodations that will enable you to overcome the challenges or limitations you are experiencing at work because of the mitigating measure. It is not uncommon for an individual to have their ADA disability under control through the use of a mitigating measure, but to experience side effects from the mitigating measure that require accommodation.

**Are You Using a Mitigating Measure that Eliminates, Reduces, or Changes the Symptoms or Impacts of Your Health Condition?**

Check ( ✓ ) any items below that apply to your situation, and describe how any mitigating measures you use affect your abilities at work.

Side Effects of Using a Mitigating Measures	Check If Applicable	If checked, please briefly explain.
Do you experience any side effects from the mitigating measure you are using?	<input type="checkbox"/>	
Does the mitigating measure affect your ability to do your job?	<input type="checkbox"/>	

## Section 2. Identifying Elements of Your Job Affected by Your ADA Disability

Before researching and identifying accommodations that may enable you to overcome barriers, limitations, and challenges at work, I recommend reviewing your job description, if you have one, and identifying what parts of your job are essential (fundamental) and what parts of your job are marginal (minor or incidental) and perhaps can be done by another employee. Essential and marginal functions have a special meaning under the ADA and they relate to what type of accommodation might be available to you. Refer to [Chapter 2. Are You a Qualified Employee with an ADA Disability?](#) for more information on the ideas in this section.

I want to remind you that you are not responsible for determining if you are a qualified employee with an ADA disability or making judgements about your job description. Your employer is the one responsible for those decisions. This section is designed to help you understand what your employer looks at when deciding how to accommodate you.

This section contains the [Job Analysis Worksheet](#), a worksheet designed to help you evaluate your job duties and the conditions of your work and to identify how they are affected by your ADA disability. Particularly if your job description is outdated, limited in information, or if you do not have one, I recommend completing the Job Analysis Worksheet to help you identify which parts of your job functions are essential and which are marginal, and how those categories relate to possible workplace accommodations. The worksheet can also help you identify if there are other elements or requirements in your job (apart from the functions that you perform) that are affected by of your ADA disability. These elements can include environmental factors in the workplace, other physical or mental requirements, or working conditions. You may find that you need a workplace accommodation in one of these areas.

When filling out the Job Analysis Worksheet, you may not know all the answers to the questions or you may find that some sections do not apply to your situation. This is okay. Do the best you can and complete only the areas that you think apply to your situation.

The Job Analysis Worksheet helps you explore accommodations that relate to performing job functions. You may not need to complete the Job Analysis Worksheet at all if the accommodation you need has to do with accessing your employer's facilities or engaging in programs, events, or other benefits of employment. For those situations, you can skip this section and immediately go to Section 3 on researching and identifying accommodations.

The Job Analysis Worksheet is designed to be shared with your employer, if you feel it would help explain your challenges and limitations at work and would clarify what areas you need an accommodation in. To print the Job Analysis Worksheet from the workbook in electronic format, select pages 16-28 when you are printing from the workbook file.

# Job Analysis Worksheet

## Part I. Essential and Marginal Functions

### Basic Job Information

Your Job Title

Department Where You Work

---

Provide a summary of your job responsibilities.

## Essential Job Functions

List the **essential functions** of your job.

If a job function meets one of these three criteria, then it is probably an essential function.  
If you are not sure, guess.

1. The reason your position exists is to perform this function. Removing this function from your job duties would fundamentally change your position.
2. There would be significant consequences if this function were not performed by you.
3. A limited number of employees are available to perform this job function in your workplace.

Do you think you will need help performing any of the essential functions of your job? If yes, please briefly explain.

## Marginal Job Functions

If some of your job functions do not meet the criteria to be an essential function, then that job function may be a ***marginal function***.

List the ***marginal functions*** of your job.

To determine if a job function is marginal, use these three criteria:

1. If the job function is marginal, the function is important and needs to be done by someone, but it is not essential to your position.
2. Removing or replacing the marginal job function would not fundamentally change your position.
3. The marginal job function you are responsible for may be done by a relatively high number of other employees in your workplace that are available to perform the marginal function.

Are you able to perform the marginal functions of your job?

If not, do you think you need to request that the marginal function be eliminated as an accommodation, or do you just need to have the function adjusted or modified?

If you need to request that the marginal function be eliminated, are there any marginal functions you could do in the place of the marginal functions you can no longer do?

## Part 2. Other Elements of Your Job

You have identified which parts of your job you think are essential and what parts of your job are marginal. This part of the Job Analysis Worksheet is to help you identify the necessary physical, mental, and environmental elements of your job. Your goal here is to identify if there are other parts of your job affected by your ADA disability that you may need help overcoming through an accommodation.

Not all of the elements described below will apply to your specific job. The chart below can help you in identifying limitation(s) in key elements of your job that are interfering with your job performance. This can help you determine areas of your job where you may need help from your employer to minimize the limitations or challenges you are experiencing as a result of your ADA disability.

### What Physical Requirements of Your Job Are Affected by Your ADA Disability?

Check ( ✓ ) which physical activities you are required to perform at work. Explain any difficulties you experience performing those activities in the third column, or if your ADA disability does not affect that activity, leave blank.

Physical Requirements	Required at Work	If checked, explain how it is difficult for you to perform the activity.
<b>Hearing</b> <ul style="list-style-type: none"> <li>• In person</li> <li>• On the phone</li> </ul>	<input type="checkbox"/>	
<b>Speaking, Talking</b> <ul style="list-style-type: none"> <li>• In person</li> <li>• On the phone</li> </ul>	<input type="checkbox"/>	
<b>Seeing</b> <ul style="list-style-type: none"> <li>• Color or Depth Perception</li> <li>• Near/Far Field of Vision</li> </ul>	<input type="checkbox"/>	



Physical Requirements	Required at Work	If checked, explain how it is difficult for you to perform the activity.
Smelling, Tasting	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	
Driving	<input type="checkbox"/>	
Regular Travel Between Facilities	<input type="checkbox"/>	
Climbing	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	
Stooping, Kneeling, Crouching, or Crawling	<input type="checkbox"/>	

# Worksheet

Physical Requirements	Required at Work	If checked, explain how it is difficult for you to perform the activity.
<b>Hand or Finger Dexterity</b> Small movements with hands and fingers	<input type="checkbox"/>	
<b>Hand-Eye Coordination</b>	<input type="checkbox"/>	
<b>Lifting, Carrying, Pushing, or Pulling</b> How many pounds?	<input type="checkbox"/>	
<b>Reaching or Grasping</b> <ul style="list-style-type: none"> <li>• Below shoulder level</li> <li>• Overhead or extension</li> </ul>	<input type="checkbox"/>	
<b>Repetitive Motions</b> Substantial movement of wrists, hands, or fingers	<input type="checkbox"/>	
<b>Twisting</b> <ul style="list-style-type: none"> <li>• Back</li> <li>• Neck</li> <li>• Waist</li> <li>• Knees</li> </ul>	<input type="checkbox"/>	
<b>Coordination</b>	<input type="checkbox"/>	
<b>Other</b>	<input type="checkbox"/>	

## What Intellectual or Mental Requirements of Your Job Are Affected by Your ADA Disability?

Check ( ✓ ) which intellectual or mental activities you are required to perform at work. Explain what difficulties you encounter performing those activities in the third column, or if your ADA disability does not affect that activity, leave blank.

Intellectual/Mental Requirements	Required at Work	If checked, describe limitations or challenges you experience in performing this activity.
<b>Ability to Communicate</b> <ul style="list-style-type: none"> <li>• With coworkers</li> <li>• With managers</li> <li>• With customers</li> </ul>	<input type="checkbox"/>	
<b>Ability to Concentrate, Attention Span</b>	<input type="checkbox"/>	
<b>Ability to Make Decisions on Your Own</b>	<input type="checkbox"/>	
<b>Ability to Learn and Perform Job Duties</b>	<input type="checkbox"/>	
<b>Ability to Understand or Interpret Information</b>	<input type="checkbox"/>	
<b>Memory</b> <ul style="list-style-type: none"> <li>• Short-term</li> <li>• Long-term</li> </ul>	<input type="checkbox"/>	

# Worksheet

Intellectual/Mental Requirements	Required at Work	If checked, describe limitations or challenges you experience in performing this activity.
Ability to Read Written Information	<input type="checkbox"/>	
Ability to Recognize and Comprehend Information	<input type="checkbox"/>	
Spelling	<input type="checkbox"/>	
Thinking and Rational Judgement	<input type="checkbox"/>	
Ability to Understand What Has Been Explained or Demonstrated to You	<input type="checkbox"/>	
Problem Solving	<input type="checkbox"/>	
Ability to Interpret Information or Data	<input type="checkbox"/>	
Attention to Detail or Mental Focus	<input type="checkbox"/>	

Intellectual/Mental Requirements	Required at Work	If checked, describe limitations or challenges you experience in performing this activity.
<b>Adaptability</b> Ability to adapt to changes in job responsibilities, etc.	<input type="checkbox"/>	
<b>Interpersonal Skills</b> Ability to interact with others	<input type="checkbox"/>	
<b>Self-Motivation, Ability to Take Initiative</b>	<input type="checkbox"/>	
<b>Ability to Meet Deadlines</b>	<input type="checkbox"/>	
<b>Ability to Meet Quotas</b> Ability to perform a required amount of work on a weekly or monthly basis	<input type="checkbox"/>	

## What Required Work Behaviors Are Affected by Your ADA Disability?

Check ( ✓ ) which work behaviors you are required to perform at your job. Explain what difficulties you encounter performing those work behaviors in the third column, or if your ADA disability does not affect that work behavior, leave blank.

Work Behavior Requirements	Required at Work	If checked, explain the difficulties you experience performing these work behaviors.
<b>Attendance</b> Ability to be there certain hours of the day	<input type="checkbox"/>	
<b>Performing Routine Work Duties</b>	<input type="checkbox"/>	
<b>Performing Multiple Work Duties</b>	<input type="checkbox"/>	
<b>Productivity</b> <ul style="list-style-type: none"> <li>• Speed</li> <li>• Stamina</li> <li>• Precision</li> <li>• Detail</li> </ul>	<input type="checkbox"/>	
<b>Supervision</b> <ul style="list-style-type: none"> <li>• Following supervision</li> <li>• Providing supervision</li> </ul>	<input type="checkbox"/>	
<b>Working Conditions</b> <ul style="list-style-type: none"> <li>• Alone</li> <li>• With others</li> </ul>	<input type="checkbox"/>	

## What Working Conditions at Your Job Are Affected by Your ADA Disability?

Check ( ✓ ) which working conditions you encounter at your job. Explain what difficulties you experience with those working conditions, or if your ADA disability does not affect your ability to work under those particular conditions, leave blank.

Working Conditions of a Job	Required at Work	If checked, explain the difficulties you experience with these working conditions.
24-Hour Telephone or Pager Accessibility	<input type="checkbox"/>	
Work Time of Day <ul style="list-style-type: none"><li>• Day</li><li>• Night</li><li>• Weekend</li><li>• Flexible shifts</li></ul>	<input type="checkbox"/>	
Schedule and Availability <ul style="list-style-type: none"><li>• On call</li><li>• Overtime</li><li>• Shift reduced or cut</li></ul>	<input type="checkbox"/>	

## What Environmental Factors at Your Job Are Affected by Your ADA Disability?

Check ( ✓ ) which environmental factors you encounter at work. Explain what difficulties you experience tolerating those environmental factors, or if your ADA disability does not affect your ability to tolerate those environmental factors, leave blank.

Environmental Factors	Encountered at Work	If checked, explain the difficulties you experience tolerating these environmental factors.
<b>Bloodborne Pathogens</b> Skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material	<input type="checkbox"/>	
<b>Noise</b>	<input type="checkbox"/>	
<b>Mechanical Hazards</b>	<input type="checkbox"/>	
<b>Electrical Hazards</b>	<input type="checkbox"/>	
<b>Chemical Hazards</b>	<input type="checkbox"/>	
<b>Radiation</b>	<input type="checkbox"/>	
<b>Fumes, Odors, Gases, or Mist</b>	<input type="checkbox"/>	
<b>Temperature Extremes (Hot/Cold)</b>	<input type="checkbox"/>	



Environmental Factors	Encountered at Work	If checked, explain the difficulties you experience tolerating these environmental factors.
Inside Environmental Conditions	<input type="checkbox"/>	
Outside Environmental Conditions	<input type="checkbox"/>	
Stringent Hygiene Standards	<input type="checkbox"/>	

### Part 3. Final Evaluation

From the questions you completed above, list what areas of your job you are having difficulty performing because of your ADA disability. Include essential or marginal functions, physical and mental/intellectual requirements of the job, work behaviors, or environmental factors.

- 1.
  
- 2.
  
- 3.

From the list above, which area do you think you need an accommodation in to work effectively? For some of you, you may have only one job function that is affected by your ADA disability. For others, you may have several areas of limitations in different job functions.

- 1.
  
- 2.
  
- 3.

## Section 3. Researching and Identifying Accommodations



Trying to research and identify the type of accommodations you need may seem a bit overwhelming. There are many options to choose from, and sometimes, it can be confusing to even know where to start. [Chapter 3. Researching Your Accommodation Request](#) in the book is designed to help you brainstorm and then research more thoroughly the type of accommodation that may be helpful for you, based on your particular situation.

There are also several appendices in the book that can help you answer the questions in this section:

- [Appendix E. Accommodations in the Workplace](#) provides many examples of workplace accommodations, including a quick reference list of accommodations by physical or mental impairment that may provide an easy place to start.
- [Appendix F. What is Not A Reasonable Accommodation?](#) helps you identify accommodations that are not considered reasonable, which your employer is not required to provide.
- [Appendix G. Researching Accommodations](#) contains information on organizations and other resources that can provide expert help when you are researching and identifying accommodations.

### Two Types of ADA Accommodations for Employees

First, identify what type of workplace accommodation you need. For some of you, you may need accommodations in both of the categories below. For others, it may be just in one category. For more explanation on these types of accommodations, refer to [Two Types of Accommodations for Employees](#) in Chapter 3 of *Making It Work*.

## **What Type of Workplace Accommodation Do You Need?**

The ADA recognizes multiple areas in which a person might need an accommodation. Read the options below and check ( ✓ ) one or both, depending on which applies to your situation.

**Category 1. Modifications or adjustments to the work environment that enable you to perform the essential functions of the job.**

Do you currently or in the near future need adjustments, assistance, or modification to be able to perform your job duties? If yes, what do you think you will need to effectively do your job, and how is your ADA disability impacting your performance?

Refer to your Job Analysis Worksheet or your current job description to help you with this question. See also Accommodations to Perform Essential Job Functions in Appendix E for accommodation examples in this category.

Jot down your initial ideas or some notes.

You will have the opportunity to expand on your accommodation ideas in the next section.

**Category 2. Modifications or adjustments that enable you to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities.**

Do you currently or in the near future need assistance, adjustments, or modifications to access your employer's facilities, engage in programs, events, conferences, or other benefits of employment? If yes, what do you think you will need to assist you with access to facilities or the ability to engage in programs or benefits of employment?

Refer to Accommodations to Enjoy Equal Benefits and Privileges of Employment in Appendix E for accommodation examples in this category.

Jot down your initial ideas or some notes.

You will have the opportunity to expand on your accommodation ideas in the next section.

## Brainstorming Accommodation Ideas

Now that you know what category of workplace accommodations you need, and perhaps have had some specific ideas about accommodations that might help you, you can brainstorm, research, and explore more fully possible accommodations that you think may help you. If applicable, I suggest you include the following in your notes below:

- Any accommodation that you think may help, even if you are unsure whether it will work or not. It is okay to be uncertain about whether an accommodation you have identified will work. Many times, finding the right accommodation can take trial and error.
- Any accommodation that has worked best for you in the past. Describe how and why this accommodation was successful.
- Any accommodations you anticipate that you may need in the future, if you expect that your ADA disability symptoms will change in the near future.

When applicable, I suggest explaining how the accommodation may benefit not only you but your employer and other team members.

By giving your employer some idea of what you think might be helpful in overcoming limitations at work, you give them a starting point to work from. You are not required to come up with accommodation ideas in order to request an accommodation. However, I suggest and recommend that you do some research on accommodations, because you will get a better idea of what may work for you.

## Modifications to Enable You to Perform the Essential Functions of Your Job

List your ideas for workplace accommodations that could assist you in performing the essential functions of your job. Bring down ideas from your notes in the previous section and expand them. Add some explanation about how and why each accommodation would help you.

Accommodation Idea	Explanation
<i>Example: Modified employment policy, such as attendance</i>	<i>Example: Natalia has difficulty getting to work on time because her medication (a mitigating measure she uses) for her mental impairment makes her lethargic in the morning. Natalia also noticed that the medication affects her ability to get work done in the morning. As a result, she has been late getting some of her projects done in the last month.</i>  <i>After using the Job Analysis Worksheet, she feels that adjusting her hours to come in later and work later would help her without affecting her ability to perform the essential functions of her job.</i>

Accommodation Idea	Explanation

## Modifications to Enable You to Access Facilities, Engage in Programs, or Enjoy Equal Benefits and Privileges of Employment

List your ideas for workplace accommodations that could assist you in accessing your employer's facilities, engaging in programs, or enjoying benefits of employment that are equal to those enjoyed by other employees without disabilities. Add some explanation about how and why each accommodation would help you.

Accommodation Idea	Explanation
<p><i>Example: Modification to make employer's facility more accessible</i></p>	<p><i>Tim has cardiovascular disease that limits his ability to walk short distances before getting out of breath. Tim does not come in until the second shift at 3 p.m. By then, the parking lot is full, which requires him to walk a substantial distance before reaching his employer's facilities. He needs to request a parking space closer to his employer's facilities, since he is limited in how much he can walk.</i></p>

## Reassignment as a Reasonable Accommodation

Under the ADA, reassignment is a reasonable accommodation of last resort, meaning that an employer is required to consider reassignment as a form of a reasonable accommodation only when there are no other accommodations that could be implemented to keep an employee in their current position. Do you think that reassignment might need to be considered in your situation?

Refer to **Reassignment** in Chapter 3 of the book for more information on how reassignment can be used as an accommodation.

If you do not wish to consider reassignment as an accommodation and this question does not apply to you, skip this section and go to Section 4.

### Considering Reassignment as an Accommodation

If you feel there are no accommodations that will enable you to continue to work in your current position, would you like to request to be considered for another position through reassignment?

Yes     No

Are there any current vacant positions available at your company that you would like to apply for?

Yes     No

**If yes:**

Do you feel you have the required skills, experience, education, or other job requirement to perform the vacant position you are interested in being assigned to?

Is your employer aware of how you would be qualified for the vacant position? How do you plan to share this information with them?

I recommend updating your resume or putting together a proposal that shows required skills, experience, and education you have that would make you qualified for a current vacant position.



**If no:**

If there are no current positions available, do you want to be considered for any vacant positions that will come available within the next couple of weeks or month?

- Yes     No

**Additional Notes**

Do you want to be considered for lower-level positions as well as lateral positions?

- Yes     No

**Additional Notes**

If you answered yes to either question above, is your employer aware that you would like to be considered for these types of positions for reassignment? How do you plan to share this information with them?

## Section 4. Requesting an Accommodation



I recommend that you request an accommodation in writing when you have the time and ability to do so. This section will help you walk through the steps of preparing your request for accommodation, including writing an accommodation request letter, and deciding how and when to submit your request to your employer. You can also refer to [Chapter 4. Requesting an Accommodation](#) for more information.

### Requesting an Accommodation in an Emergency

There are situations in which you may need to verbally request an accommodation or have a family member, friend, or healthcare provider request an accommodation for you. In addition, there are situations where you may not have time to research ideas for accommodations or use a majority of this workbook because of your specific work situation and your immediate needs. If you find yourself in an urgent situation and an accommodation request must be made immediately, this is okay. Make a verbal request, or have someone else do it for you. The most important thing to do is to communicate with your employer about your situation.

For more assistance about making an urgent accommodation request, see *Making It Work* for a longer discussion. Start with **When You Can't Make the Request Yourself** in Chapter 4, about how to communicate about accommodation needs that arise because of emergent medical events. If you are in a situation where a health condition has resulted in unexpected medical leave, see [Chapter 7. Medical Leaves and the ADA](#), and particularly [Requesting Accommodations When You Return from Leave](#).



For those who have time to prepare your request for an accommodation, this section can help you prepare and formally request a reasonable accommodation. Each question will help determine what you need to do and how you need to request an accommodation from your employer.

### Find Out if Your Employer Has an Accommodation Policy

Does your employer have an accommodation policy for you to follow when requesting a reasonable accommodation? Check your employee handbook or ask your HR department or manager, if you feel comfortable doing so.

- My employer has an accommodation policy.
- My employer does not have an accommodation policy.

**Additional Notes – Employer Policy**

If your employer has an accommodation policy or procedure, review the policy to see if there are forms you need to complete and who in your company you need to request the accommodation from. If you do not feel comfortable contacting the individual designated to accept accommodation requests, you can request an accommodation from someone you feel would most likely and most appropriately respond to your request.

**If your employer does not have an accommodation policy** to follow or a designated person for you to contact, I recommend that you contact your manager, someone in upper management, or a human resources representative that you feel comfortable disclosing your request to. You can use the form letter in this workbook to make your request in writing, or you can make a verbal request.

I have decided to make my accommodation request to:

---

(name)

---

(title)

## Decide How to Make Your Request

How you choose to request an accommodation, whether it is in writing or verbally, and what you want to include in your request, such as medical documentation, will depend on several factors: your own specific circumstances, your relationship with your employer, and whether your employer has an accommodation policy that you can follow when making your request.

When time and circumstances permit, **I highly recommend writing a letter or email to the appropriate person to request an accommodation.** In most situations, this is the most appropriate way to request an accommodation. However, you may need to request an accommodation as a result of unplanned and unexpected circumstances, such as being hospitalized. Other reasons to decide to request an accommodation verbally could include: your request is simple and straightforward, you work for a small employer and you feel more comfortable requesting an accommodation verbally, or other reasons specific to your own circumstances.

If you decide to request an accommodation verbally, I recommend that you follow up with an email, recapping your conversation and documenting your request for an accommodation. Having an email record can be very helpful if there is any miscommunication about what was said or when you made your accommodation request.

Although using the wording “I would like to request a reasonable accommodation under the ADA” is not required to request an accommodation, I highly recommend that you use this formal language either in writing or when requesting an accommodation verbally. Many employers are unaware that other language can be used to request an accommodation and that “I am having problems getting my work done because of a physical impairment” or “I need to take a week of leave because I am having medical complications” is a request for an accommodation. Therefore, in order to ensure clear communication with your employer, I highly recommend requesting an accommodation using this formal and specific wording. This makes it obvious to your employer you are requesting and needing an accommodation for an ADA disability.

- I have decided to request an accommodation in writing.
- I have decided to request an accommodation verbally.
  - If I make my request verbally, I plan to send a follow-up email to document the conversation.

Use the sample letter below to help you write your request for an accommodation if your employer does not have a specific form for you to fill out.

See [Preparing A Written Request for Accommodation](#) in Chapter 4 for two example letters that you can refer to in order to help you complete your letter. Your letter does not need to be perfect. Do the best you can. During the interactive process with your employer, you can elaborate on your request for an accommodation.

# Accommodation Request Letter - Example

DATE: (Including the date of your request is important, in case you later need to reference when the accommodation was requested.)

TO: (Supervisor or Human Resources Specialist)

FROM: (Your Name and Title)

RE: Request for Accommodation (Clearly state that your letter is about an accommodation request.)

## BODY OF THE LETTER:

- Explain that you are requesting a reasonable accommodation under the ADA because of your disability.
- Explain that your ADA disability substantially limits one or more life activities (such as concentrating, sitting, walking, or hearing).
- Briefly explain how your ADA disability affects your ability to safely and/or effectively perform your job functions, access your employer's facilities, or engage in programs, events, or other benefits of employment.
- Provide accommodation ideas you have identified or researched. Briefly describe them and how they could possibly help you at work.
- You can include documentation from your doctor describing how your health condition substantially limits one or more life activities, if this applies to you and if you have documentation available. If you do not have this information when you write the letter, that is absolutely okay. Simply inform your employer that you can provide medical documentation upon request.

SINCERELY,

Signature (unless emailing it)

Your Name

Address

Telephone Numbers

Email Address

(Include your complete contact information)

## Medical Documentation from Your Healthcare Provider

You are not required to provide medical documentation at the time you request an accommodation, but you can decide to include medical documentation from your healthcare provider in your accommodation request if you have it available. It is most likely that your employer will request medical documentation from a healthcare provider after you request an accommodation and during the interactive process. In some situations, an employee might have already received medical documentation from their healthcare provider related to work restrictions. For a full discussion of the ins and outs of providing medical documentation related to an accommodation request, see [How Much Are You Required to Share?](#) in Chapter 5.

This section contains the [Healthcare Provider Certification](#), a form designed to help you gather medical information from your healthcare provider about your ADA disability and related impairments, challenges, or work restrictions. If your company does not have a Healthcare Provider Certification or other medical documentation form that they provide for you to use, you can refer them to this form. Larger companies commonly have their own forms for accommodation requests and medical documentation.

If you wish to talk with your healthcare provider about your health condition before you request an accommodation, you can use the Healthcare Provider Certification. When an individual wishes to work with their healthcare provider to gather medical information (separately from an employer's request for medical documentation), I recommend taking the following steps:

- Bring a blank copy of the Healthcare Provider Certification for your provider to complete.
- Bring a copy of the Healthcare Provider Certification *that you have already filled out*. The filled-out form is a helpful way to share information with your provider about the limitations you are experiencing.
- Bring a copy of your job description or the filled-out Job Analysis Worksheet if you are having challenges performing your job functions.

With this information to review, your healthcare provider will have a good understanding of how your ADA disability is affecting you at work, what limitations and challenges you are experiencing, what information your employer will most likely need, and what accommodations may be helpful for you.

If you need to take leave for your ADA disability, let your healthcare provider know how much leave you think you will need and find out how much leave your provider recommends. In some situations, an employee may exhaust Family Medical Leave Act (FMLA) leave and may need to take additional leave under the ADA in order to recover and return back to work. Remember that your employer is not required to give you indefinite leave or an extensive amount of leave, beyond your employer's regular leave policies. Refer to [Chapter 7. Medical Leaves and the ADA](#) for more information.

The Healthcare Provider Certification is designed to be shared with your healthcare provider and/or your employer, if you feel it would be helpful and if your employer does not have their own medical certification form that you must use. To print the Healthcare Provider Certification from the workbook in electronic format, select pages 42-49 when you are printing from the workbook file.

Please note that your healthcare provider may charge to fill out this form. Unfortunately, more and more healthcare providers are starting to charge to fill out this type of documentation.

# Healthcare Provider Certification

For Employee's ADA Disability and Accommodation Request

Instructions to Healthcare Provider:

Your patient is requesting a reasonable accommodation under the Americans with Disabilities Act (ADA). Please answer all applicable parts of this form fully and completely. Several questions seek a response about the frequency or duration of a condition, treatment, etc. Other questions are designed to gather information regarding your patient's impairment, in order to find reasonable accommodations to assist him/her in performing essential job functions. Please limit your responses to the condition for which the employee is seeking an accommodation. Please sign the form on the last page.

Employee Name: \_\_\_\_\_

Employer Name and Contact: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Employee's Regular Work Schedule: \_\_\_\_\_

Employee's Essential Job Functions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's job description is attached: Yes  No

## Questions to Help Determine Whether an Employee Has an ADA Disability

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities, or has a record of such an impairment. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

The following questions may help determine whether an employee has a disability.

Does the patient (employee) have a physical or mental impairment?

Yes

No

If yes, what is the impairment?

Is the impairment long-term or permanent?

Yes

No

If not permanent, how long will the impairment likely last? If you are not certain how long the impairment will last, please provide an estimate and a brief explanation.

Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations, auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity?

*Note: Does not need to **significantly** or **severely** restrict to meet this standard.*

Yes

No

If yes, what major life activity(s) is/are affected?

Caring for Self

Thinking

Sleeping

Interacting with Others

Toileting

Concentrating

Performing Manual Tasks

Hearing

Reproduction

Breathing

Seeing

Eating

Working

Speaking

Reading

Walking

Learning

Communicating

Standing

Sitting

Other: (describe)

Reaching

Lifting/Bending

\_\_\_\_\_



<p>Does the impairment substantially limit the operation of a major bodily function?</p> <p><i>Note: Does not need to <b>significantly</b> or <b>severely</b> restrict to meet this standard.</i></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>																					
<p>If yes, what bodily function is affected?</p> <table border="0"> <tr> <td><input type="checkbox"/> Immune</td> <td><input type="checkbox"/> Special Sense Organs and Skin</td> <td><input type="checkbox"/> Endocrine</td> </tr> <tr> <td><input type="checkbox"/> Normal Cell Growth</td> <td><input type="checkbox"/> Lymphatic</td> <td><input type="checkbox"/> Reproductive</td> </tr> <tr> <td><input type="checkbox"/> Digestive</td> <td><input type="checkbox"/> Neurological</td> <td><input type="checkbox"/> Musculoskeletal</td> </tr> <tr> <td><input type="checkbox"/> Bowel</td> <td><input type="checkbox"/> Brain</td> <td><input type="checkbox"/> Special Sense</td> </tr> <tr> <td><input type="checkbox"/> Bladder</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Cardiovascular</td> </tr> <tr> <td><input type="checkbox"/> Genitourinary</td> <td><input type="checkbox"/> Circulatory</td> <td><input type="checkbox"/> Other: (describe)</td> </tr> <tr> <td><input type="checkbox"/> Hemic</td> <td></td> <td>_____</td> </tr> </table>			<input type="checkbox"/> Immune	<input type="checkbox"/> Special Sense Organs and Skin	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive	<input type="checkbox"/> Digestive	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Bowel	<input type="checkbox"/> Brain	<input type="checkbox"/> Special Sense	<input type="checkbox"/> Bladder	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Circulatory	<input type="checkbox"/> Other: (describe)	<input type="checkbox"/> Hemic		_____
<input type="checkbox"/> Immune	<input type="checkbox"/> Special Sense Organs and Skin	<input type="checkbox"/> Endocrine																					
<input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive																					
<input type="checkbox"/> Digestive	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal																					
<input type="checkbox"/> Bowel	<input type="checkbox"/> Brain	<input type="checkbox"/> Special Sense																					
<input type="checkbox"/> Bladder	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiovascular																					
<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Circulatory	<input type="checkbox"/> Other: (describe)																					
<input type="checkbox"/> Hemic		_____																					

<p><b>Questions to Help Determine Whether an Accommodation Is Needed</b></p>
<p>An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. If an employee has a disability as defined under the ADA and needs an accommodation because of the health condition, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine whether the requested accommodation is needed because of an ADA disability and help determine possible effective accommodation options.</p>
<p>What limitation(s) is interfering with job performance?</p>
<p>In what area of work is the patient (employee) experiencing limitations or challenges? Is the employee experiencing limitations in performing job functions, accessing their employer’s facilities, or engaging in programs, events, conferences, or other benefits? Please explain.</p>
<p>Do you have any suggestions regarding possible accommodations to help improve job performance, access the employer’s facility, or engage in program, events, and other benefits?</p> <p>If so, what are they?</p>

In the tables below, indicate limitations experienced by the patient (employee) with a check mark ( ✓ ) for Yes or No. A blank line will be read as “no limitation.” Add comments or ideas for employee accommodation, if any.

<b>Physical and Functional Limitations</b>	<b>Yes</b>	<b>No</b>	<b>Comments and Ideas for Employee Accommodation</b>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	
Driving	<input type="checkbox"/>	<input type="checkbox"/>	
Regular Travel Between Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	
Stooping, Kneeling, Crouching, or Crawling	<input type="checkbox"/>	<input type="checkbox"/>	
Hand or Finger Dexterity Small movements with hands and fingers	<input type="checkbox"/>	<input type="checkbox"/>	
Hand-Eye Coordination	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, Carrying How many pounds?	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing, Pulling How many pounds?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Physical and Functional Limitations</b>	<b>Yes</b>	<b>No</b>	<b>Comments and Ideas for Employee Accommodation</b>
<b>Reaching, Grasping</b> <ul style="list-style-type: none"> <li>• Below shoulder level</li> <li>• Overhead or extension</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Repetitive Motions</b> Substantial movement of wrists, hands, or fingers	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Twisting</b> <ul style="list-style-type: none"> <li>• Back</li> <li>• Neck</li> <li>• Waist</li> <li>• Knees</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Coordination</b>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Mental and Emotional Limitations</b>	<b>Yes</b>	<b>No</b>	<b>Comments and Ideas for Employee Accommodation</b>
<b>Adaptability</b> Ability to adapt to changes in job responsibilities, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Behavioral Changes</b> Including fluctuations in emotions or behavior due to health condition, such as agitation, irritability, being overwhelmed, anxious, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mental Fatigue or Exhaustion</b> Including fatigue caused by prolonged work activity	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Interpersonal Skills</b> Ability to interact with others	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Motivation</b> Including desire or willingness to perform work activities	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Mental and Emotional Limitations</b>	<b>Yes</b>	<b>No</b>	<b>Comments and Ideas for Employee Accommodation</b>
<b>Stability</b> Ability to be emotionally stable without high fluctuations or changes in emotion when work situations occur	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Stress</b> Ability to tolerate environmental factors or working conditions such as noise, deadlines, emergencies	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Sensory Limitations</b>	<b>Yes</b>	<b>No</b>	<b>Comments and Ideas for Employee Accommodation</b>
<b>Hearing</b> <ul style="list-style-type: none"> <li>• In person</li> <li>• On the phone</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Speaking, Talking</b> <ul style="list-style-type: none"> <li>• In person</li> <li>• On the phone</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Seeing</b> <ul style="list-style-type: none"> <li>• Color or Depth Perception</li> <li>• Near/Far Field of Vision</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Smelling, Tasting</b>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Working Conditions of the Employee's Job</b>	<b>Yes</b>	<b>No</b>	<b>Comments and Ideas for Employee Accommodation</b>
<b>24-hour Telephone/Pager Accessibility</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work Time of Day</b> <ul style="list-style-type: none"> <li>• Day</li> <li>• Night</li> <li>• Weekend</li> <li>• Flexible shifts</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Schedule and Availability</b> <ul style="list-style-type: none"> <li>• On call</li> <li>• Overtime</li> <li>• Shift reduced or cut</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

Intellectual Limitations	Yes	No	Comments and Ideas for Employee Accommodation
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	
Concentrating/Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	
Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	
Learning	<input type="checkbox"/>	<input type="checkbox"/>	
Perception	<input type="checkbox"/>	<input type="checkbox"/>	
Memory <ul style="list-style-type: none"> <li>• Short-term</li> <li>• Long-term</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Numerical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	
Reading, Word Recognition, Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	
Interpreting Information or Data	<input type="checkbox"/>	<input type="checkbox"/>	
Attention to Detail or Mental Focus	<input type="checkbox"/>	<input type="checkbox"/>	

Comments and Additional Information

### **GINA Safe Harbor Notification**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Provider's Name: \_\_\_\_\_

Provider's Business Address: \_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Determine the Best Time to Make Your Request

You may want to consider *when* to formally request an accommodation from your employer. For example, if there is an event, such as a conference, coming up soon that you may need an accommodation to attend, I recommend letting them know as soon as possible, so that they can plan ahead for the accommodations you need.

If you are verbally requesting an accommodation, you may want to ensure that you and your manager or other employer representative have some privacy when you initially request an accommodation.

Once you request an accommodation, your employer is required to engage in the interactive process with you. This means they must acknowledge that they received your request for an accommodation and let you know when they can follow up. Your employer should follow up with you as soon as is reasonably possible. In some cases, when the request is urgent or obvious, that response should be immediate.

Additional Notes – When to Make My Request

## Practice Your Request – Tip Sheet

Requesting an accommodation can feel uncomfortable and scary for an employee. It may make you feel very vulnerable, because you do not know how your employer will react. Sometimes, it is good to practice requesting an accommodation with a friend, family member, or an individual you trust, or to have a trusted individual review the letter or email you put together for your employer. The Job Accommodation Network (JAN) or your ADA Regional Center are two great organizations that can help you through this process. You can find their contact information in [Appendix G. Researching Accommodations](#) in the book.

As we discuss in *Making It Work*, some employers have limited experience with the ADA and with facilitating disability and accommodation discussions. Sometimes, they have had some negative experiences with these situations. Be aware that this process may be scary and overwhelming for your employer, too, because every ADA disability accommodation is different. Often, it can take several discussions, changes in accommodations, and creative problem solving between the employer and employee to come up with the most effective accommodation.

To get more comfortable with the process of making your request and participating in the conversations about disability and accommodation that will take place during the interactive process, I have included some tips below to consider and practice. Practice these conversations with a trusted friend, family member, or other individual.

## Tip Sheet

**1. If you are requesting an accommodation verbally, review the following recommendations. Decide what you will say when you make your verbal accommodation request, and practice saying it!**

- Before meeting with your employer, practice taking a deep breath. I know it sounds a little silly, but taking a deep breath gives your body lots of oxygen. Oxygen can help you feel calmer and think more clearly.
- Speak clearly and slowly. Start by saying something like, “I would like to talk with you about....” and then calmly explain your request for an accommodation.
- Identify yourself as a person with an ADA disability and request a reasonable accommodation.
- Identify which job tasks are specifically problematic for you, as it relates to your ADA disability, or how your ADA disability has impacted your ability to access your employer’s facilities, engage in programs, events, conferences, or other programs.
- Let your employer know that you would like to meet with them to further discuss your accommodation ideas, as well as your employer’s ideas and any necessary information they need to consider the accommodation.
- Ask your employer when you should expect to hear back about your accommodation request.
- Once they set a date, send a follow-up email that includes the following: a confirmation that you received the meeting date, and a recap of what you have already requested as an accommodation and what areas of work you think you need accommodation in.

**2. During the interactive process, you want to be sure you have practice discussing why you are requesting the accommodation, how it will help you at work, and what accommodation ideas you have. Review the information you have gathered in the workbook, use it to answer the questions below, and practice saying it!**

- Explain how your ADA disability is impacting you at work.
- If there are any marginal functions you would like to eliminate or trade with other team members, describe this request.
- Discuss how the accommodation requested will assist you in effectively and safely performing your job, accessing your employer’s facilities, or engaging in programs, events, or other benefits.
- Explain how you expect you will succeed in your job with the necessary support and accommodations you have requested.
- Ask your employer about their accommodation ideas.



## Tip Sheet

- Refer to the medical documentation you have received from your doctor, if you have it. If you do not have medical documentation, that is okay. Your employer will likely ask you for medical documentation during the initial phase of the interactive process.
- Refer to your job description or the Job Analysis Worksheet, if you are requesting an accommodation that enables you to perform the essential functions of your job. Practice referring to the information on these forms to explain areas where you have had challenges or limitations at work and where you need an accommodation.
- Ask your employer if they have any questions or if you need to provide additional information or documentation.
- Practice letting the other person speak and ask questions. The other person needs a chance to respond to what you are saying. If you notice that person becoming impatient, confused, or overwhelmed, try to stay calm, take a deep breath, and ask how you can help them to understand what you need.

## Section 5. Engaging in the Interactive Process



Once you request an accommodation, your employer is legally obligated to engage in the interactive process with you. I recommend reviewing [Chapter 5. The Interactive Process](#) in the book, so you know what to expect after your request for an accommodation and throughout the accommodation process.

### Documenting the Interactive Process

I recommend documenting the dates, discussions, and decisions that take place during the interactive process between you and your employer. Make note of what actions need to be taken before your employer decides whether they can reasonably accommodate your request. For example, has your employer requested that you submit medical documentation from your healthcare provider? Other information requests might include a request for a medical examination or additional information from you about your accommodation ideas. All of these requests are important to keep track of!

Keeping a log will help you track what actions are taking place and what requests your employer has made of you during the interactive process.

#### My Interactive Process Log

Date	Event, Action, or Happening	Notes and Explanation	What Follow Up Is Required?
<i>2/8/2020</i>	<i>Example: Submitted accommodation request to supervisor by email</i>	<i>Requested ergonomic chair and sit-stand desk as a way to accommodate my chronic pain</i>	<i>Waiting for supervisor to respond and set a meeting for discussion</i>

Date	Event, Action, or Happening	Notes and Explanation	What Follow Up Is Required?

## Section 6. Possible Outcomes After You Request an Accommodation



After meeting with you to discuss your accommodation request, your employer will meet with you to tell you whether they can reasonably accommodate you. There are several different outcomes that can occur after the interactive process. See [Chapter 6. Possible Outcomes After Requesting an Accommodation](#) for a full discussion of what these outcomes might be in your situation.

If your employer can accommodate you, they will explain what accommodation they agree to implement, when they will implement it, and how they will monitor it once it is implemented. You and your employer will agree on when to meet again to follow up. For some individuals, you may have to try several accommodations before finding the right one. Be sure to document what is working for you, what is not working for you, and what changes or different accommodations you think may help overcome the challenges you had with the initial accommodation that was implemented.

If your employer is unable to implement an accommodation because it would pose an undue hardship or because they have determined that you are a direct threat to yourself or others in the workplace, they will explain why they cannot accommodate you. Your employer should have job-related evidence based on business necessity about why they cannot accommodate you. Your employer should also look for other creative ways to overcome the barriers of accommodating you, such as exploring as reassignment as an accommodation if they determine they are unable to accommodate you in your current position.

Be sure to document the final outcome of your accommodation request, any ongoing interactive dialogue with your employer, and any changes to the accommodation implemented.

### Documenting the Outcome of Your Accommodation Request

I recommend documenting the dates, times, conversations, actions taken, and outcomes. Below are some ideas and information you may want to include in your notes.

#### Your Employer Agreed to Implement a Reasonable Accommodation

What reasonable accommodation was agreed upon?

When will the accommodation be implemented?

What will the accommodation achieve?

## **Your Employer Agreed to Implement a Reasonable Accommodation** (continued)

How will the accommodation's effectiveness be measured?

When and how have you and your employer agreed to follow up?

### **Documenting an Accommodation's Effectiveness**

Is the accommodation working?

Yes     No

If yes, document how it is working.

Did you communicate to your employer how the accommodation is working for you?

Yes     No

If the accommodation isn't working, how is it not working for you?

Do you have any suggestions for adjustments or changes that may be helpful? Or do you think you need to try a different accommodation?

Did you communicate to your employer that the accommodation is not working for you?

Yes     No

## Your Employer Denied Your Request for an Accommodation

Why was your request denied?

Did your employer look for other ways to eliminate an undue hardship, like reaching out to other organizations to assist them in paying for the accommodation? Did they look for ways to eliminate a direct threat to yourself or others?

If your employer could not eliminate an undue hardship or direct threat in your current position, do you want them to consider reassignment to other vacant positions as an accommodation?

Yes     No

If yes, please see [Reassignment as a Reasonable Accommodation \(p. 35\)](#) for more questions to consider.

If you are dealing with a situation where an employer has denied your request for accommodation or has failed to respond appropriately to your request for accommodation, you may be facing some very concerning possibilities, such as being terminated for medical reasons or considering your legal options for filing a discrimination complaint.



See [Your Request for Accommodation is Denied](#) in Chapter 6 for a discussion of options to consider if you are terminated for medical reasons, how to plan your transition out of a current position, and resources, other employment options, and self-care strategies to consider.



See [Chapter 10. Discrimination, Bullying, and Filing a Complaint](#) in the book for a discussion of legal matters related to disability issues in the workplace, including understanding different types of discrimination, reporting bullying, filing a complaint with your employer or with the Equal Employment Opportunity Commission, and what happens after a complaint is filed.

## Conclusion

Using this workbook can help you apply the concepts and legal definitions of the ADA to your own health condition and situation at work and understand how the Americans with Disabilities Act applies to you. When you follow the workbook and complete the included worksheets and forms, it can assist you as you research your accommodation needs and prepare your request for accommodation. It can also enable you to track the conversations and decisions that you participate in with your employer during the interactive process.

In short, reading the book *Making It Work* and working through this workbook can help you engage more fully and effectively in the ADA accommodations process with your employer when you need to request an accommodation to help you work.

As you make use of the information provided here, please be sure to keep a complete copy for your records of everything in the workbook, especially if you choose to provide a copy of some or all of the information you recorded here to another party, such as your employer or healthcare provider.

Please also be assured that the information contained in this workbook is personal and confidential. It is up to you how much or whether you choose to share anything you have recorded here with your employer during the accommodation process.

I wish you the best in all your career endeavors!



[www.aughrs.com](http://www.aughrs.com)