To University Staff Employees: (Professional, Classified, Temporary, Student Workers, coaches, and all other non-academic employees)

Eastern Washington University provides reasonable accommodation for staff employees with a disability or serious medical condition. Reasonable accommodation may include a leave of absence or modification to a job, work environment, policy or procedure to enable a qualified individual with a disability to enjoy equal employment opportunity and/or to perform the essential functions of the position.

Please complete this form and return it to your ADA representative listed below. You are not required to disclose to your immediate supervisor the medical basis for a requested accommodation; however, written documentation from a professional health care service provider is necessary when requesting disability accommodations. It is your responsibility to see that your health care provider returns the required information to your Human Resources Representative listed below. A medical examination may be required.

If more specific information is needed to respond to your request, a Job Analysis for your position may be prepared. A completed copy of the Job Analysis will be shared with you and your health care provider. Medical records are treated confidentially and are maintained separately from personnel/academic files.

If you have questions regarding accommodation, please contact the ADA Compliance Officer. Also see EWU Policy 402-03 “Accommodating Persons with Disabilities.”

If you are requesting an ergonomic workstation evaluation, please contact the Office of Risk Management at 509.359.6496 to arrange an evaluation.

CONTACTS

| Professional, Faculty, Classified, and Temporary Employees | Gayla Thomas  
Director of Equal Opportunity/Affirmative Action/Title IX/ADA Compliance  
Office of Equal Opportunity  
218 Showalter Hall  
O: 509.359.4673  
F: 509.359.6823  
TDD: 509.359.4207 |
|---|---|
| Student Employment | Student Employment Representative  
Student Employment  
303 Sutton Hall  
O: 509.359.2525 |
| Disability Support Service Staff (Students) | Disability Support Services  
124 Tawanka Hall  
O: 509.359.6871 |

To request these materials in an alternate format, or to request an interpreter or other accommodation during the disability accommodation process, please contact the Human Resources Office at 509.359.2381, 509.359.4207 (TDD); Washington State Relay Service: Voice callers: 1.800.833.6384, TDD callers: 1.800.833.6388, or HR@ewu.edu.
EMPLOYEE REASONABLE ACCOMMODATION REQUEST FORM

Faculty and staff with disabilities are requested to complete this form so that appropriate personnel can plan for services/assistance requested. Written documentation from a professional health care service provider is necessary when requesting disability accommodation. Employees are encouraged to provide complete, candid, and realistic information concerning the nature of the disability, special needs, or any support services required. This information will assist us in determining your ability under the Americans with Disabilities Act (ADA) and will be retained in a confidential manner, separate from the employee’s personnel file.

Name___________________________________________________ Date_______________________
Address_______________________________________ Phone______________________
City/State/Zip______________________________________________________________
EWU ID ______________________________
Position_____________________________ Dept/Program__________________________
Supervisor______________________________
Dept/Chair_____________________________

TO BE COMPLETED BY EMPLOYEE: (Use separate sheet if necessary)

1. Identify and describe the physical or mental disability which is the basis for your reasonable accommodation(s):

2. What major life activity is substantially limited by this disability?

3. What do you need to be able to do your job?
EMPLOYEE CONSENT TO RELEASE
CONFIDENTIAL INFORMATION

Purpose of Disclosure of Information:

To determine eligibility for services and accommodations in the post-secondary employment setting (as outlined in Section 503 of the Rehabilitation Act of 1973 and Title I of the Americans with Disabilities Act of 1990)

Name of Employee: __________________________________

Job Title: __________________________________________

Dept/Program: ______________________________________

Work Schedule: _____________________________________

To:________________________________________________

Name of Health Care Provider

Address: _______________________________________________________________________

Street     City   State Zip

Phone:_____________________________

Patient’s Date of Birth: _____________

I hereby authorize the above listed health care provider and any others who have treated me to release to Eastern Washington University the following information related to my health care: diagnosis of relevant condition(s), treatment plan, and my ability to perform my work with or without reasonable accommodation, recommendations, history, reports, and correspondence. I also authorize disclosure and discussion as necessary so that EWU may determine appropriate and reasonable accommodations for me. I understand that information obtained under this release is a confidential medical record and is maintained separately from my personnel file. This authorization is valid until revoked by me.

I also understand that EWU may require me to undergo testing or evaluation by medical personnel or vocational rehabilitation specialists selected by EWU, at EWU’s expense, for the purpose of establishing the existence and extent of my disability, and my ability to perform job-related functions with or without reasonable accommodation. I further understand that EWU is not obligated to provide any specific accommodation I request, but will evaluate my request in light of all information available in making a determination of what is a reasonable accommodation.

Employee Signature:_______________________________________ Date:____________________

Approved by ADAAT, 5/18/00