



**UNIVERSITY OF UTAH
REQUEST FOR DISABILITY ACCOMMODATION FORM**

AMERICANS WITH DISABILITIES ACT/SECTION 504 OF THE REHABILITATION ACT

Employee Name: _____ UNID#: _____

Job Title: _____ Department: _____

Home/Cell Phone: _____ Work Phone: _____

Home Address: _____ Supervisor's Name: _____

_____ Supervisor's Phone: _____

Employee Email Address*: _____

*your primary email address will be used for all correspondence. If one is not provided, correspondence will be mailed to your home address.

Describe your disability (e.g. visual impairment, arthritis, etc.):

Describe how your disability impairs your ability to perform assigned job duties:

Describe the reasonable accommodation that you are requesting: Be Specific. For specific accommodation ideas visit www.askjan.org

Employee Signature

Date

**Submit original to:
University of Utah Health Human Resources:
Employee Relations
515 East 100 South, 7th Floor
Salt Lake City, UT 84102
(Phone) 801-581-6500 (FAX) 801-585-7551**

AMERICANS WITH DISABILITIES ACT and SECTION 504 OF THE REHABILITATION ACT

MEDICAL/HEALTHCARE INFORMATION RELEASE FORM

I, _____, _____
(Patient Name) (Date of Birth)

hereby authorize _____ to
(Medical Provider or Facility)

furnish and discuss with the University of Utah Hospitals and Clinics Human Resources Department any information in their possession relevant to the following condition (list condition(s) or diagnosis:

for the purpose of evaluating my request for accommodation.

A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until the University completes its evaluation of my request for accommodation of this condition.

I release my medical provider _____ from any liability associated with the disclosure of confidential or privileged medical/healthcare information. I understand that the University of Utah Hospitals and Clinics Human Resources office cannot properly evaluate my request for accommodation unless I sign this release and that any information disclosed under this release could potentially be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

I understand that I can revoke this release in writing at any time by sending a written revocation of authorization to:

**Attn: Director of Employee Relations and HR Compliance
University of Utah UUHC Human Resources: Employee Relations
515 East 100 South, 7th Floor
Salt Lake City, UT 84102
(Phone) 801-581-6500 (FAX) 801-585-7551**

However, I understand that my revocation will not be effective to the extent that action has been taken in release. By signing this release, I represent that I have read the information, understand it, and am in agreement with the authorization I now make.

(Signature)

(Date)

Please provide name and contact information for your medical provider or treatment facility. If you would like Human Resources to contact more than one provider, please print and complete a Medical Release Form for each provider:

Medical Provider's Name: _____

Address: _____

Telephone: _____

Email: _____

AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILITATION ACT

FACULTY & STAFF ACCOMMODATION GUIDELINES

The Americans with Disabilities Act (ADA) of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973 (Section 504) prohibit employers from discriminating against individuals based upon a disability or perceived disability and set forth that reasonable accommodations will be provided to qualified persons with disabilities. **The ADA and Section 504, as well as University Policy prohibit retaliation against an employee for requesting an accommodation or for participating in an ADA/Section 504 complaint process.**

The University of Utah has designated the following individual as the ADA/Section 504 Coordinator to coordinate the University's efforts to comply with the ADA and Section 504:

Director, Office of Equal Opportunity and Affirmative Action
201 South Presidents Circle, Room 135
Salt Lake City, UT 84112
801-581-8365 or 801-585-5746 (FAX)
Email: OEO@UTAH.EDU

Definition of Disability: The ADA states that an individual is disabled if they:

- a. have a physical or mental impairment that substantially limits one or more of the individual's major life activities;
- b. have a history or record of such a disability;
- c. are regarded as having a physical or mental impairment that is not transitory (lasting six months or less) and minor.

Definition of Qualified Individual: The term "qualified individual with a disability" means:

- a. an individual with a disability;
- b. who can perform the "essential functions" of the employment position;
- c. with or without reasonable accommodation.

Employers are required to provide reasonable accommodation to the known limitation (s) of a person with a disability, as defined by the ADA and Section 504.

Self-Disclosure: In order to establish the existence of a disability and request reasonable accommodation under the ADA/Section 504, a hospital employee must complete and submit a ***Request for Disability Accommodation Form*** to the Human Resources: Employee Relations 515 East 100 South, 7th Floor Salt Lake City, UT 84102 or by fax to 801-585-7551.

A manager should not ask an employee about their disability or discuss reasonable accommodation with an employee. Instead, the employee should be referred to the Hospital HR website on Pulse to make a written request for accommodation. If the manager has questions about this process, please call Human Resources 801-581-6500.

Employees seeking a reasonable accommodation under the ADA/Section 504 must follow the Faculty & Staff Accommodation Procedures.

For additional information about disability accommodations or issues relating to prohibited discrimination or retaliation, please contact an OEO/AA consultant at 801-581-8365 or visit our website at: www.oeo.utah.edu.

AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILITATION ACT
FACULTY & STAFF ACCOMMODATION PROCEDURES

1. **Documentation of Disability:** When an employee submits a Request of Disability Accommodation Form, the employee must provide, at their own expense, documentation of their disability in the form of a written evaluation by an appropriate health care provider. The employee will be required to sign a Medical/Health Care Information Release Form, so that the health care provider can provide UUHC Human Resources (HR) with the appropriate documentation. Upon request, the manager will provide UUHC HR with a written job description of the essential functions of the job, which may include the mental and physical demands of the employee's job.

Upon receipt of the completed form and medical release, UUHC HR will provide the employee with a written request to the employee's health care provider requesting the appropriate medical documentation of the employee's disability, as well as the signed release form. UUHC HR will not inquire about the employee's medical condition(s), beyond what is necessary to perform the ADA analysis. It is the employee's responsibility to ensure that the medical documentation/information requested is returned to HR by the date specified in HR's written request. **NOTE: The evaluation process will be greatly expedited if the employee can provide a doctor's note with the written request for accommodation detailing what the doctor's recommendations are, and the medical basis of those recommendations.**

2. **Temporary Accommodation:** After consultation with the employee and their manager UUHC HR may provide the employee with a temporary accommodation pending receipt and evaluation of the documentation of the disability. HR will notify the employee, in writing, of the temporary accommodation to be provided.
3. **Evaluation of Documentation:** Upon receipt of documentation from an employee's health care provider, the University will determine if the employee has a disability as defined by the ADA/Section 504 and if the employee can perform the essential functions of their position, with or without reasonable accommodation. UUHC HR endeavors to complete accommodation evaluations as expeditiously as possible.
4. **Second Opinions:** HR and/or the University's ADA Coordinator may contact the employee's health care provider for clarification of the written evaluation. UUHC HR may also, at the University's expense, seek a second opinion. The employee must make themselves available for such an evaluation.
5. **Final Determination and Notification to Staff or to Faculty Members:** The University has the authority to make the final determination regarding what accommodation, if any, is appropriate. When a final determination is made, HR will send email/written notification to the employee of its determination, whether an accommodation has been granted, and if so, will specify what accommodation has been granted. HR will also notify the employee's manager if an accommodation is to be provided to the employee.
6. **Right to Appeal:** If an accommodation request is denied, the employee may submit a request for review to the Chief Human Resources Officer. This appeal must be made within five (5) days of the notice of denial and must be in writing.
7. **Grievances:** Employees who feel that they have been subjected to illegal discrimination or retaliation for participating in an ADA/Section 504 process, may file an internal discrimination complaint, pursuant to University Policy 1-012, with the ADA/Section 504 Coordinator, and/or with the appropriate external agency.