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DISABILITY SERVICES REQUEST FORM FOR EMPLOYEE DISABILITY-RELATED ACCOMMODATIONS

RIT DISABILITY SERVICES MISSION

To provide students and faculty/staff with disabilities equal access to programs, services and physical facilities, and to foster an environment where students and faculty/staff with disabilities are welcomed, valued and respected.

For more information, contact:

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**ROCHESTER INSTITUTE OF TECHNOLOGY
REQUEST FORM
EMPLOYEE DISABILITY-RELATED ACCOMMODATIONS**

INFORMATION

The Human Resources department (HR) works together with qualified individuals with disabilities who are employees or applicants for employment to arrange changes in the work environment or procedures which enable an individual with disabilities to experience equal employment opportunities.

RIT does not provide the following services, thus individuals need to make separate arrangements for:

- Mobility assistance or training
 - Personal care services
 - Personal adaptive equipment such as hearing aids, eye glasses and wheelchairs
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PROCESS

1. Employee notifies his/her manager or Human Resources Services Manager (HRSM) that he/she:
 - Has a documented disability
 - Is having difficulty performing essential functions of their position as stated or navigating on campus due to a disability
 - Would like to discuss appropriate accommodations
 2. Manager or HRSM:
 - Directs employee to complete a Request Form for Employee Disability-Related Accommodations and obtain documentation of the disability and job description
 3. HRSM:
 - Reviews request, documentation and job description
 - Meets with employee, manager, and/or HR representative
 - a. If determined that the employee does not meet the definition of an “individual with a disability” under the ADA , he/she is referred back to manager and HR for informal solution if possible
 - b. If determined that the employee does meet the definition of an “individual with a disability” under the ADA, the Coordinator of Disability Services uses the accommodations request and job description to outline job functions and determine reasonable accommodation as appropriate
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INSTRUCTIONS

To request accommodations in the workplace due to a disability, please submit this completed request form, a copy of your current job description, and documentation of your disability to the Human Resources Department. The documentation should be a recent letter on letterhead stationery from a qualified professional such as a physician, psychiatrist, neurologist, or psychologist who has made the diagnosis of your condition and/or is currently providing treatment of said condition. The documentation should include the following information:

- Diagnosis of disability
- Description of current level of functioning
- Suggestions for accommodation(s)

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{Please complete all items in legible print or type}

All information provided to Human Resources is kept confidential and will only be shared with your permission with individuals directly involved in providing approved accommodations.

Employee Name _____ Today's Date _____

Job Title _____

Department _____

E-mail _____

Work Phone _____ Home Phone _____

ACCOMMODATION REQUEST

Identify and/or describe your disability: _____

Describe how your disability affects your ability to perform your work duties or functioning here at RIT: _____

Specify the type of disability related accommodation(s) you will need in order to perform your work duties or functioning here at RIT: _____
