



ARKANSAS SCHOOL

FOR MATH, SCIENCES, + THE ARTS

Employee Disability Accommodation Request Form

Section 1: For Completion by the EMPLOYEE	
Name:	Email:
Address:	City/State:
Job Title:	Department:
Supervisor's Name:	
<p>I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief.</p> <p>I understand that ASMSA reserves the right to request medical documentation to verify the existence of a disability; and, to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation. Employees may consult with Human Resources as to whether the Medical Statement Form is required for their request. If additional information is needed determine if the individual has a disability defined by the ADA or to assist in determining an effective reasonable accommodation after medical statement is submitted, Human Resources will contact the medical provider.</p>	
Employee Signature:	Date:

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.

Section 2: For Completion by the Employee	
When completed, return this form and related forms to the Human Resources department.	
<p>1. Do you have a physical or mental impairment? Yes No</p> <p> If yes, please state your impairment(s), diagnosis, or medical condition(s).</p>	

2. Please review your job description. What benefits of employment or essential job function(s) listed in the job description are you having trouble performing or accessing because of the limitation(s)?

3. Please explain how the impairment(s) (diagnosis) or medical condition(s) listed above affect(s) your ability to perform the essential functions of your job or access employment benefit?

4. Are you able to perform the essential functions in the job description provided with, or without, reasonable accommodation?
Yes, with reasonable accommodations
Yes, without reasonable accommodations
No, I am unable to perform essential functions with or without a reasonable accommodation.

a. If **no**, how long will you remain unable to perform the essential job functions?
_____# of days _____# of weeks _____# of months or permanently

5. Are you requesting a Service Animal Accommodation? Yes No
a. If yes, go to question 7

6. Do you have any suggestions regarding possible accommodation that would enable you to perform the essential job functions or access benefits to employment? Yes No

a. If yes, what accommodations or adjustments to the work environment or position responsibilities would enable you to perform the essential job functions or access benefits to employment? *Please be specific, e.g., weight and time limits for mobility restrictions, functional features for office equipment, etc.* (attach additional pages as necessary).

b. If yes, how long will you remain unable to perform the essential job functions?

_____# of days

_____# of weeks

_____# of months or

permanently

c. Have you had any accommodation in the past for this same limitation?

Yes

No

7. Is the dog a service animal required for a disability?

Yes

No

b. If yes, what task(s) or function(s) has the animal been trained to perform? (attach additional pages if necessary)