

Requesting an ADA Accommodation

The Americans with Disabilities Act (ADA), the Pennsylvania Human Rights Act, and Shippensburg University policy prohibit discrimination in employment against qualified individuals with disabilities. It is the policy of Shippensburg University of Pennsylvania to provide reasonable accommodations when necessary.

A reasonable accommodation refers to a change in the job or work environment that allows a qualified employee with a disability to perform the essential functions of his or her job. It is the responsibility of individual employees to identify themselves as an individual with a disability when seeking an accommodation or adjustment. It is also the responsibility of individual employees to provide documentation of their disability (from an appropriately licensed professional) and to demonstrate how the disability limits their ability to complete the essential functions of their job. Medical documentation will be kept confidential. **To request an accommodation, please refer to the attached form.** Questions about completing the form should be directed to the Office of Human Resources, Old Main, Room 109, 717-477-1124.

Once a completed request for an accommodation is received, the University engages in an interactive process with employees and their supervisors to identify the most appropriate accommodation(s) in a given situation. Accommodations are made on a case by case basis, taking into account the type and severity of the disability and the specific job requirements involved.

If the employee disagrees with the accommodation selected or has been denied an accommodation to which the employee believes he/she is entitled under the ADA or Section 504 of the Rehabilitation Act, the employee may appeal the decision to the Office of Equity, Inclusion and Compliance within twenty (20) working days of the date of the decision.



CONFIDENTIAL

All information shared with the University through the ADA reasonable accommodation process will be maintained separate from personal file and in accordance with all ADA requirements.

Reasonable Accommodation Request Form

This form may be completed by an individual requesting reasonable accommodation(s) under the American with Disabilities Act of 1990 (ADA). Completed forms are to be returned to the Human Resources Department.

1. NAME	2. DATE OF REQUEST
3. JOB/POSITION TITLE	4. DAYTIME TELEPHONE NO.
5. DEPARTMENT NAME/ADDRESS	6. EMAIL ADDRESS
7. SUPERVISOR'S NAME	8. SUPERVISOR'S TELEPHONE NO.

Please answer the following questions to help the University understand the basis and nature of your request for an accommodation. The information you provide will be treated confidentially and will be handled on a need-to-know basis.

1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the accommodation.
2. Explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your position. Be as specific as possible regarding the job duties you are having difficulty performing or believe you will have difficulty performing.
3. Describe any type of accommodation which will enable you to perform the function of the position.
4. Do you have documentation to support your disability? YES _____ NO _____ If YES, please attach.

SIGNATURE	DATE
RECEIVED BY HUMAN RESOURCES	DATE

Information or assistance regarding accommodation requests can be obtained by contacting the Human Resources Department.

ACTIONS TAKEN/DETERMINATION MADE/DATES:	
DATE OF DECISION:	DATE OF NOTIFICATION: