

### ADA Request – (Reasonable Accommodation Request for Employees)

Pursuant to the requirements of state and federal laws, a qualified individual with a disability has the right to request reasonable accommodation in conjunction with his or her employment. Reasonable accommodation means a modification to application procedure, access to the work site, and adjustment to the work process or work schedule that would enable a person with a disability to perform a particular job. Employers are not required to provide accommodations that would impose undue hardship on the operations of their programs. The procedures for accommodation request appear on the back of this form. Completed accommodation request forms should be submitted to the immediate supervisor, with written notification to the County Clerk.

Name	Job Title	Division	Telephone Number
Functional Limitations			

SPECIFY TYPE OF ACCOMMODATION NEEDED AND PROVIDE A DETAILED DESCRIPTION OF THE ITEM REQUESTED – PLEASE BE SPECIFIC

- Purchase or modification of equipment or devices \_\_\_\_\_
- Job restructuring or task modification \_\_\_\_\_
- Provision of reader, sign language interpreter or personal assistant \_\_\_\_\_
- Structural modification to work site or facility \_\_\_\_\_
- Modification of work schedule or leave policy \_\_\_\_\_
- Modification of examinations, training materials or personal assistant \_\_\_\_\_
- Reassignment to vacant position \_\_\_\_\_
- Other \_\_\_\_\_

#### Narrative Explanation

Describe how your functional limitation interferes with performance of a particular duty or participation in an activity sponsored by the employer. Explain how the requested accommodation would be used to enhance job performance or would allow you to participate in an employer-sponsored activity. (Use additional sheets if necessary)

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Employee's Signature	Date

EEO Officer Recommendation with consent of Fulton County Board (EEO's initials \_\_\_\_\_)       Grant     Deny       Date \_\_\_\_\_

Return for \_\_\_\_\_

Remarks

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### Accommodation Request Procedures for Employees

The following procedures should be followed in processing reasonable accommodation requests from employees.

1. The employee shall submit a completed reasonable accommodation request form to his or her immediate supervisor. The employee should retain a copy of this information in his or her files.
2. Once received, the supervisor shall review the request form for completeness and, in consultation with the County Board, determine whether medical documentation is needed to either establish the presence of a disability or determine an appropriate accommodation. If documentation is needed, the agency should narrowly tailor its request to the issues of whether the employee has a disability under the law and how he or she can be accommodated. The employee should be asked to complete a medical release form (also narrowly tailored), if the agency has additional questions upon review of the medical documentation. When necessary, the employee should be asked to provide documentation to address these issues.
3. Upon receipt of necessary documentation, the supervisor shall make a recommendation, in writing, to the County Board Chairman (EEO Officer) within five (5) working days.
4. The EEO Officer shall review the supervisor's recommendation and make a recommendation to the Fulton County Board at the next regularly scheduled meeting.
5. Provided that appropriate documentation has been submitted, the EEO Officer shall inform the employee in writing of the agency's decision to grant or deny the request within thirty (30) working days of receipt of the completed request form and any necessary medical documentation. A copy of the response will also be sent to the supervisor.
6. If the County Board approves the accommodation request, the department shall take appropriate action to comply with the accommodation request. Approved accommodation requests shall be implemented as soon as possible. Please note that the agency may offer alternative suggestions providing an equally effective accommodation to remove the workplace barrier in question.
7. Reconsideration: If an employee wishes to ask the Supervisor to reconsider a decision on a reasonable accommodation request, a written request shall be addressed to the EEO Officer within ten (10) working days of notification of the decision. The reconsideration request shall include the reasons that a reconsideration is being requested and, if appropriate, alternative suggestions for reasonable accommodation. After a complete review of the matter, a decision shall be made by the County Board at the next regularly scheduled meeting and the employee shall be notified. The County Board decision on this recommendation shall constitute the final internal action by the County on the accommodation request.
8. An employee who has been denied accommodation has the right to file a complaint at the state level with the Illinois Department of Human Rights within 300 calendar days of the denial of the request. An employee may also have the right to file a complaint with the U. S. Equal Employment Opportunity Commission (EEOC) within 300 days or any other appropriate government agency pursuant to their time frame.
9. The EEO Officer shall document any action taken on a reasonable accommodation request where indicated on the request form and shall retain completed accommodation request forms one year following final action in the matter.