

C O N F I D E N T I A L
CITY OF OMAHA
Request for Reasonable Accommodation

NOTE: Access to the information contained in this form and its attachments is limited to:

- supervisors and managers who need to know the employee's work restrictions and information about necessary accommodations (medical reports should be submitted directly to the Human Resources Department rather than to the employee's supervisor);
- first aid and/or safety personnel *if* the impairment may require emergency treatment; and
- Accommodations Committee members and Human Resources Department employees who use the information in the course of their work for the City of Omaha.

PURPOSE: Pursuant to Personnel Policy 24-00, **Reasonable Accommodations in Employment**, this form is for use by an employee to request reasonable accommodation for the employee's permanent impairment to permit performance of essential job functions, and to document the action taken on the request.

EMPLOYEE INFORMATION: (To be completed by the person requesting accommodation.)

Name:	Date of Request:
Job Title:	Work Phone:
Department:	Division:

Nature of Permanent Impairment: (Describe the nature of the condition for which you seek accommodation. Include a description of the work restrictions and limitations imposed by the condition, if known, as well as the complete name, address, and telephone number of the medical professional, if any, who has imposed the restrictions. Attach additional sheets if necessary.)

Documentation: (Send to the Human Resources Department, to the attention of the Labor Relations Director, any medical records or other documents to be considered in connection with your request. If your need for accommodation is not readily apparent, you will be asked to document the functional limitations for which you are seeking accommodation. You will also be requested to consent to the release of such information by your hospital, physician, or therapist and for permission for a City of Omaha representative to contact your health care provider(s) to discuss your case. Information that may be obtained may include a medical diagnosis and prognosis, work restrictions and limitations, and the expected duration of your condition).

Requested Accommodation: (Describe how you believe your permanent medical restriction may be most appropriately accommodated to permit you to perform the essential functions of your job. If you know of particular equipment, devices, or procedures that can be used to accommodate your condition, describe them. If you are currently being afforded some form of accommodation, describe why it is inadequate. If you do not know how your request may be accommodated, state so. Use additional sheets if necessary.)

Attestation: I hereby request accommodation of the permanent medical restriction described above. I understand that the City of Omaha has not reached a conclusion as to whether my permanent medical restriction constitutes a “disability” or renders me a “qualified individual with a disability” as defined within applicable laws. The statements made above are true, to the best of my knowledge and belief, and I understand that an intentionally false statement may be grounds for disciplinary action up to and including termination.

Date

Signature of Employee

Employee: Send a photocopy of this request, along with medical documentation, to the Labor Relations Director, Human Resources Department. Submit the original copy of this request to your supervisor.

SUPERVISOR INFORMATION: (To be completed by Supervisor)

Supervisor's Name:	
Job Title:	Work Phone:

Acknowledgement of Receipt:

I acknowledge receipt of this request for accommodation on .
I understand that as a matter of City of Omaha policy, I have 20 working days from this date to resolve this request to the satisfaction of the requesting employee or forward the request to the Human Resources Department for further review and consideration.

Signature of Supervisor

ACCOMMODATION WITHOUT REFERRAL (To be completed by the supervisor *only* if the request can be accommodated by the Supervisor without further referral.)

Accommodation Provided: (In many instances, the appropriate accommodation may be obvious and well within the Supervisor's authority to provide. If so, then the accommodation may be provided without formal action. *Caution: Extensive or prolonged use of light-duty assignments without changing job classifications jeopardizes City of Omaha hiring standards and diminishes the City's full-duty capacity. Do not, consequently, accommodate the condition through a light-duty assignment for more than 90 days without advising the Human Resources Director.* Describe below the accommodation provided. Use additional sheets if necessary.)

Acceptance: (To be signed by the requesting employee.)

I agree that the accommodation provided by my supervisor and described above is both reasonable and acceptable to me.

Date

Signature of Employee

Forward to the Human Resources Department for review:

Date

Signature of Supervisor

Human Resources Department Review: I have reviewed this request and find no further action is warranted.

Date

Signature of Human Resources Department Representative

REFERRAL TO THE HUMAN RESOURCES DEPARTMENT (To be completed by the Supervisor *only if* the request cannot be accommodated by the Supervisor without referral.)

Essential Functions of the Position: (Describe the essential functions of the employee's position. Attach the applicable class specification and provide additional information, as necessary, regarding the employee's specific job duties. Describe how the employee's performance is affected by the employee's permanent medical impairment, if known. Use additional sheets if required.)

Accommodation Attempted: (Describe any accommodation attempted but found unsatisfactory by either you or the employee. Use additional sheets if necessary.)

Forwarded to the Human Resources Department: This request is forwarded for further review and consideration.

Date

Signature of Supervisor

HUMAN RESOURCES DEPARTMENT ACTION

Acknowledgement of Receipt: I acknowledge receipt of this request for accommodation on _____(date). I understand that as a matter of City of Omaha policy, I have ten (10) working days from this date to initiate further action on this request and to notify both the requesting employee and the supervisor to that effect.

Date

Signature of Human Resources Department Representative

Preliminary Processing: (To be completed by Human Resources Department Representative)

- Check here if a release of medical information is required.
_____ Date form provided to employee
_____ Date signed form received from employee

- Check here if additional medical documentation is required.
_____ Date medical information request
_____ Date medical information received

REVIEW BY ACCOMMODATIONS COMMITTEE

Accommodation Committee Review and Recommendations: (Describe significant findings and recommendations in appropriate detail. Use additional sheets if necessary).

FOR THE ACCOMMODATIONS COMMITTEE:

Date

Signature of Accommodations Committee Member

Date

Signature of Accommodations Committee Member

ACCOMMODATION PLAN

Based on the advice and recommendations of members of the Accommodations Committee, the following accommodation is offered to the requesting employee: (Describe in appropriate detail the accommodation offered to the requesting employee. Use additional sheets if necessary.)

Approval of Proposed Reasonable Accommodation:

Date

Signature of Human Resources Department Representative

Review by Requesting Employee: I understand and accept the above described plan of accommodation. I understand that if I have questions regarding implementation of the plan, I may address them to the Human Resources Department.

Date

Signature of Employee

Implementation: This certifies that this request has been referred to the employee’s supervisor for implementation. This case is closed pending further developments.

Date

Signature of Human Resources Department Representative