



REASONABLE ACCOMMODATIONS REQUEST PROCEDURES FOR EMPLOYEES

1. The employee or applicant should make a request for accommodations by completing and submitting the following documents to the Disability Services Office (DSO) via fax: 610-683-1520, email: dso@kutztown.edu, or mail to: DSO, 215 Stratton Admin. Ctr., Kutztown University, Kutztown, PA 19530.

- A. Complete and submit the “Reasonable Accommodation Request Form” available at www.kutztown.edu/dso/forms.
- B. Submit current documentation of the disability. Individuals who have disabilities that are readily observable may not require extensive documentation to validate the need for accommodations. However, individuals with hidden disabilities, such as health impairments may require more comprehensive documentation to determine appropriate and reasonable accommodations.

The documentation must be presented on letterhead and include the name, title, professional credentials, and signature of the healthcare professional or evaluator. Documentation should include:

- A statement of the diagnosis and a description of the nature of the disability.
- A description of the current impact of the disability on the individual's level of functioning.
- A rationale connecting the disability to the requested accommodations.

If an employee or applicant makes a reasonable accommodation request to someone other than the Director of Disability Services, these individuals should forward the request (whether it was made in writing or verbally) immediately to the DSO.

2. Schedule an appointment to meet with the Director of Disability Services to begin an interactive discussion regarding the request for accommodations. During this meeting the Director of Disability Services will gather information to determine if the impairment is a disability under the Rehabilitation Act/ADA/ADAAA and discuss what would be an effective accommodation(s).
 - All Reasonable Accommodation Request Forms and related documentation will be kept on file by the Director of Disability Services for a period of at least seven (7) years.

3. The Director of Disability Services will forward the request to the Assistant Vice President for Human Resources who is responsible for responding to the request. The DSO will disclose information regarding the nature of the disability and functional limitations as necessary to make appropriate determination on the reasonable accommodation request. The information disclosed will be not more than is necessary to process the request.
 - The Assistant Vice President for Human Resources will work closely with the requester's supervisor, manager, chair and/or Dean to gather relevant information necessary to respond to the request and to assess whether a particular accommodation will be effective.
 - The Assistant Vice President or her designee (requestor's supervisor, manager, chair and/or Dean) may convene a meeting to continue the interactive process to discuss the requested accommodation and/or alternative accommodations that may be effective in meeting the requester's needs.
 - The Assistant Vice President for Human Resources or her designee will initiate the Resolution/Confirmation Form and ensure that the requestor and the Director of Disability Services have a copy of the completed form.

For more information, please see Kutztown Policy DIV-002 Reasonable Accommodations for Employees.

Updated 1/17



REASONABLE ACCOMMODATION REQUEST FORM
FOR EMPLOYEES

Date of Request _____

Employee/Applicant Name _____

Job Title/Department _____

Email _____ Phone number _____

Describe the functions of the job (or job interview) that cannot be performed without accommodation(s) or describe other barriers to equal access to benefits.

Are these essential functions of the job? _____ Yes _____ No

Describe the disability:

What accommodation(s) are being requested?

Has documentation of the disability been submitted? _____ Yes _____ No

I understand that some information regarding my disability and limitations will be disclosed to the Assistant Vice President for Human Resources and my supervisor, manager, or chair and/or Dean, in order to respond to this request and assess whether a particular accommodation will be effective. The information disclosed will be not more than is necessary to process the request.

_____ Yes _____ No

Signature _____ Date _____

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Date Received by DSO _____