

SECTION I: TO BE COMPLETED BY EMPLOYEE

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Position	Department	Date

A Reasonable Accommodation under the Americans with Disabilities Act (ADA) is defined as any modification or adjustment to a job application process which enables a qualified individual with a disability to be considered for the position sought, and/or any modification or adjustment to the work environment or the manner or circumstances under which a job is performed which permits the employee to perform their job in a reasonable manner.

The purpose of this form is to assist SUNY Buffalo State University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively.

Delays in providing requested documentation may result in an inability to implement certain accommodations, if approved, until a later date. Failure to engage in the interactive process may result in a denial of your request.

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation. (Attach additional sheets if necessary).

What are the limitations caused by your condition(s) that you are currently experiencing? (What is getting in the way of you doing your job?)
Given your limitations, what parts of your assigned job duties (essential functions) are impeded by your condition? (What part of your job is being affected?)
What are the limitations caused by your condition(s) that you are currently experiencing? (What is getting in the way of you doing your job?)

I give the State University of New York – SUNY Buffalo State University (SUNY Buffalo State) permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act and the New York Human Rights Law. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements of those statutes.

I have notified my supervisor that I am requesting an adjustment or change at work for a reason related to a medical condition.

Employee – Print Name

Employee Signature

NEXT STEPS

Please have your physician complete the document entitled “ADA Reasonable Accommodation Request Medical Inquiry Form” and return to the office of Human Resources via email at hr@buffalostate.edu, fax at 716-878-3068 or via mail, 1300 Elmwood Avenue Buffalo, New York 14222 attention: Cleveland Hall 403.

Upon receipt of the medical documentation the campus’s designee for Reasonable Accommodations will schedule an appointment to begin the interactive process.