

Accommodation Request Form

Pursuant to the Americans with Disabilities Act of 1990 (ADA), the Illinois Pregnancy Accommodation Act, or other applicable State and Federal civil rights laws, Garrett-Evangelical Theological Seminary (“Seminary”) supports the intent of these laws designed to eliminate discrimination against qualified individuals with disabilities and will reasonably accommodate job applicants or employees with disabilities and pregnant employees, as defined by law.

Qualifying disabilities can include:

- vision, hearing, or mobility impairments;
- psychological and medical conditions; and
- learning disabilities;

A qualifying disability substantially limits one or more major life activities.

Examples include: eating, sleeping, walking, standing, lifting, bending, reading, concentrating, thinking, and communicating, as well as the operation of a major bodily function such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

A qualifying disability is one that may necessitate modifications to the facilities or the job, but which does not prevent the employee from performing, with reasonable accommodations, the essential functions of the job.

If you would like to request accommodation for a disability, please complete the attached employee form and return it to the Human Resources Office (Main 118).

Upon receipt of this form, Erin Moore, Assistant Vice President of Human Resources, will be in touch with you to discuss your request. She will also inform your supervisor of the accommodation request and engage the supervisor in an interactive process to discuss effective work accommodations, the essential functions of the position, and the department’s operational needs.

The Seminary reserves the right to request current documentation regarding physical and/or mental disabilities prior to the determination and facilitation of appropriate accommodations.

If you have any questions about reasonable accommodations or about this process, please contact Erin Moore at 847-866-3918 or erin.moore@garrett.edu.

Accommodation Request Form

Faculty/Staff Application for Services

CONFIDENTIAL

This form should be used by Seminary employees who wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA), the Illinois Pregnancy Accommodation Act, or other applicable State and Federal civil rights laws. The purpose of this form is to assist the Seminary in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified Seminary employee or applicant for employment.

Type of Accommodation Requested

☐ Disability or qualifying medical condition ☐ Pregnancy, childbirth, or related condition

This form **must** be filed separately from the employee's personnel file and is a **confidential** document.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Office Location: _____ Office Phone: _____

Employee Id Number: _____ Request Date: _____

Job Title/Classification: _____

Supervisor's Name: _____ Phone Number: _____

Department/Unit: _____

Note: Faculty and Staff are urged to complete and return this application prior to requesting workplace accommodations. This application, along with supportive medical documentation, is required prior to determination or granting of accommodations.

Office of Human Resources (5/6/20)

Diagnosis and Nature of Disability

1. Please identify and describe the diagnosis, nature, severity, and the functional limitations associated with each disability for which services are requested:

2. Explain how the impairment(s) listed in #1 affects your ability to perform the essential function(s) of your job.

3. List the accommodation(s) you are requesting in order to perform your essential job functions (attach additional pages if necessary).

4. Additional Information you would like to share:

5. Medical verification of impairment (check the appropriate box):

☐ I have enclosed the **applicable** medical documents with this request.

☐ The disability and the need for a reasonable accommodation is obvious and no medical documentation is needed. Explain _____

I, _____, give Garrett-Evangelical Theological Seminary permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

Signature of Requestor

Date

Return completed form via mail, in person, or via e-mail to the following:

Human Resources Office
2121 Sheridan Road, Main 118, Evanston, IL 60201
erin.moore@garrett.edu