



Request for Reasonable Accommodation

Name: _____ Date: _____

District: _____ Work Location/Garage: _____

Central Office: Yes No Division: _____

Immediate Supervisor: _____

Best phone number to reach you: _____

I am requesting a reasonable accommodation under the Americans with Disabilities Act (ADA):

Please describe your condition and how it substantially limits your ability to perform a major activity. You are not required to include a specific diagnosis. If your disability is not observable, you may have to provide documentation from a health professional:

Describe limitations caused by your condition that affect your ability to perform an essential function of your job:

Describe the essential function(s) affected:

Describe how your condition affects your ability to perform an essential job function:

Describe the reasonable accommodation you are requesting and why it is needed.

Please note that additional information from your treating physician may be requested to evaluate your accommodation request.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (75 Fed. Reg. 68934)

I CERTIFY THAT THE ABOVE-INFORMATION IS TRUE AND CORRECT AND ACCURATELY REFLECTS THE CONDITION FOR WHICH I AM MAKING A REASONABLE ACCOMMODATION.

Signature

Date

Return form via mail, email or secure fax to:

Sarah E. Wade, ADA/504 Program Manager
Division of Opportunity, Diversity & Inclusion
Office of Equal Opportunity, Mail Stop #3270
1980 West Broad Street, 2nd floor
Columbus, OH 43223

Sarah.Johnson@dot.ohio.gov
(614) 887-4050 (secure fax)
(614) 466-3979 (phone)