

R.I.T

REQUEST FORM FOR EMPLOYEE DISABILITY-RELATED ACCOMMODATIONS

For more information, contact:
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**ROCHESTER INSTITUTE OF TECHNOLOGY
REQUEST FORM
EMPLOYEE DISABILITY-RELATED ACCOMMODATIONS**

INFORMATION

Rochester Institute of Technology works together with qualified individuals with disabilities who are employees or applicants for employment to arrange changes in the work environment or procedures which enable an individual with disabilities to experience equal employment opportunities.

PROCESS

1. Employee notifies the Compliance and Ethics Manager that he/she:
 - Has a documented disability
 - Is having difficulty performing essential functions of their position as stated or navigating on campus due to a disability
 - Would like to discuss appropriate accommodations
 2. Compliance and Ethics Manager:
 - Directs employee to complete a Request Form for Employee Disability-Related Accommodations and obtain supporting documentation from their physician
 3. Compliance and Ethics Manager:
 - Obtains the request and documentation from the employee
 - Meets with employee, manager, and/or other HR representatives as necessary
 - a. If determined that the employee does not meet the definition of an “individual with a disability” under the ADA, he/she is referred back to manager and HR Services Manager (HRSM) for informal solution if possible.
 - b. If determined that the employee does meet the definition of an “individual with a disability” under the ADA, the Compliance and Ethics Manager uses the accommodations request and job description to outline job functions and determine reasonable accommodation as appropriate.
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INSTRUCTIONS

To request accommodations in the workplace due to a disability, please submit this completed request form and supporting documentation to the Compliance and Ethics Manager. The documentation should be a recent letter on letterhead stationery from a qualified professional such as a physician, psychiatrist, neurologist, or psychologist who has made the diagnosis of your condition and/or is currently providing treatment of said condition. The documentation should include the following information:

- Diagnosis of disability
 - Description of current level of functioning
 - Suggestions for accommodation(s)
 - Anticipated duration of the accommodations
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APPEAL PROCESS

If the employee does not agree with the decision of the Compliance and Ethics Manager due to either:

- a) Being denied services or
- b) Disagreement on the recommended accommodations, and an agreement cannot be reached, the employee may initiate a formal appeal. The appropriate steps are:
 - An appeal must be submitted in writing to the Associate Vice President and Chief Human Resources Officer, RIT Human Resources, 8 Lomb Memorial Dr, Rochester, NY 14623. The appeal must set forth the specific action disputed and the specific accommodation sought by the employee. The Associate Vice President and Chief Human Resources Officer will notify the Compliance and Ethics Manager and obtain a copy of the employee's file, including the documentation of the disability and the need for accommodation, if any, recommended by the evaluator and the Compliance and Ethics Manager. The Associate Vice President and Chief Human Resources Officer will convene a meeting with the employee and the Compliance and Ethics Manager within two (2) weeks of receiving a written appeal by the employee to discuss the appeal. The Associate Vice President and Chief Human Resources Officer will make a decision on the appeal after meeting with the employee and reviewing the file and documentation.
 - If the employee or the Compliance and Ethics Manager is dissatisfied with the decision made by the Associate Vice President and Chief Human Resources Officer, a written appeal may be submitted to the Vice President and Associate Provost for Diversity and Inclusion. The Vice President and Associate Provost for Diversity and Inclusion will make the final decision after reviewing the employee's file and meeting with the employee, the Compliance and Ethics Manager and the Associate Vice President and Chief Human Resources Officer.

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{Please complete all items in legible print or type}

All information provided to the Compliance and Ethics Manager is kept confidential and will only be shared with your permission with individuals directly involved in providing approved accommodations.

Employee Name _____ Today's Date _____

Job Title _____

Department _____

E-mail _____

Work Phone _____ Home Phone _____

ACCOMMODATION REQUEST

Describe how your disability affects your ability to perform your work duties or functioning here at RIT:

Specify the type of disability related accommodation(s) you will need in order to perform your work duties or functioning here at RIT: _____

