

# R.I.T

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## **REQUEST FORM FOR EMPLOYEE DISABILITY-RELATED ACCOMMODATIONS**

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

**INFORMATION**

The Human Resources department (HR) 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.

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**PROCESS**

1. Employee notifies the HR Compliance 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. HR Compliance Program Manager:
    - Directs employee to complete a Request Form for Employee Disability-Related Accommodations and obtain supporting documentation from their physician
  
  3. HR Compliance Program 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 HR Compliance Program 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 Human Resources Office. 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 HR Compliance Program 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 Assistant Vice President for Human Resources, 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 Assistant Vice President for Human Resources will notify the HR Compliance Program 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 HR Compliance Program Manager. The Assistant Vice President for Human Resources will convene a meeting with the employee and the HR Compliance Program Manager within two (2) weeks of receiving a written appeal by the employee to discuss the appeal. The Assistant Vice President for Human Resources will make a decision on the appeal after meeting with the employee and reviewing the file and documentation.
  - If the employee or the HR Compliance Program Manager is dissatisfied with the decision made by the Assistant Vice President for Human Resources, 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 HR Compliance Program Manager and the Assistant Vice President for Human Resources.

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{Please complete all items in legible print or type }

**All information provided to the Human Resources Office 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 \_\_\_\_\_

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**ACCOMMODATION REQUEST**

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

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

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