

ADA ACCOMMODATION CHECKLIST
DETERMINING WHETHER INDIVIDUAL NEEDS REASONABLE ACCOMMODATION

<p>Definition of Reasonable Accommodation: A workplace modification so the individual with a disability can apply for a job, perform the essential functions of the job, and enjoy the job benefits. An employer does not need to provide a reasonable accommodation that causes an “undue hardship.”</p>
--

I. What category of “disability” does the individual claim (“current,” “record of,” or “regarded as”)?

II. Has the reasonable accommodation process been triggered because the individual requested a job modification due to a medical condition that could be a disability?

Yes ____ No ____ (Describe)

III. Has the reasonable accommodation process been triggered because the employer knows the individual has a disability and has reason to know that the individual needs a reasonable accommodation?

Yes ____ No ____ (Describe)

IF THE REASONABLE ACCOMMODATION PROCESS HAS BEEN TRIGGERED:

IV. In which aspect of employment is reasonable accommodation needed?

- Application process _____
- Performance of job (including leave) _____
- Benefits and privileges of employment _____

V. What accommodation was requested?

- Equipment or machinery _____
- Reader _____
- Interpreter _____
- Modification of policy (including leave policy) _____
- Accessibility _____
- Job restructuring (reallocation of marginal functions) _____
- Modification to work schedule _____
- Examinations/training materials _____
- Reassignment _____
- Other _____

Describe accommodation requested:

VI. Is the reasonable accommodation needed *because of* a disability?

Yes _____ No _____ (Discuss)

VII. Did you engage in the “interactive process” to identify an effective accommodation? Yes _____ No _____

A. Did you discuss accommodation with the individual?

Yes _____ No _____ (If yes, document discussions & include attachments, if necessary)

B. Did you request assistance in determining an accommodation from any outside source (e.g., the Job Accommodation Network)?

Yes _____ No _____ (If yes, document discussions & include attachments, if necessary)

VIII. Has accommodation been provided? Yes _____ No _____

- If yes, is accommodation effective (*i.e.*, does it work?)

Yes _____ No _____ (Discuss)

IX. Do you claim that providing reasonable accommodation would impose an undue hardship? Yes _____ No _____ (If yes, what evidence exists to support undue hardship?)

Nature and net cost of accommodation (taking into account availability of tax credits and deductions, and/or outside funding). _____

Overall financial resources of facility/facilities, number of employees at facility, and effect on expenses and resources. _____

Overall financial resources of covered entity, overall size of business of covered entity with respect to the number of employees and the number, type and location of facility/facilities. _____

Type of operation(s) of covered entity, including composition, structure, and functions of the workforce of covered entity, and geographical separateness and administrative or fiscal relationship of facility/facilities in question to the covered entity. _____

Impact of the accommodation on the operation of the facility, including impact on other employees' ability to perform duties and facility's ability to conduct business. _____

Terms of a collective bargaining agreement. (Discuss how the accommodation would affect the rights of other employees, and whether you tried to negotiate a change to the CBA). _____

Describe and document evidence supporting undue hardship.