



# STATE OF ALASKA Americans with Disabilities Act Accommodation Request

## Employee Documentation

### Part A: Employee Information

Employee Name		Contact Telephone Number	
Job Title	Position Control No.	Department	
Division	Section (Work Unit)	Location (City)	
Supervisor's Name		Supervisor's Work Telephone	

### Part B: These questions will help determine whether you have a disability as defined by the ADA.

1. Do you have a physical or mental impairment that affects your ability to perform your job?  
 Yes       No

A. If yes, what is the impairment?

B. If yes, is the impairment long-term or permanent?     Yes       No

1. If not permanent, how long will the impairment likely last?

2. Does the impairment substantially limit a major life activity?     Yes       No

A. If yes, what major life activity (activities) is (are) affected? (check one or more)

<input type="checkbox"/> Breathing	<input type="checkbox"/> Walking	<input type="checkbox"/> Learning
<input type="checkbox"/> Hearing	<input type="checkbox"/> Reaching	<input type="checkbox"/> Performing Manual Tasks
<input type="checkbox"/> Seeing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Working
<input type="checkbox"/> Speaking	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Reproduction
<input type="checkbox"/> Sitting	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Caring for Self
<input type="checkbox"/> Standing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Toileting
<input type="checkbox"/> Other (please describe):		

B. If yes, how does the impairment substantially limit the major life activity?

3. Does the impairment substantially limit the operation of a major bodily function?

Yes

No

A. If yes, what major bodily function is affected? (check one or more)

Normal Cell Growth

Bladder

Endocrine

Immune

Neurological

Musculoskeletal

Digestive

Respiratory

Cardiovascular

Bowel

Circulatory

Brain

Other (please describe):

**Part C:** Questions regarding the reason for accommodation request.

1. What, if any, specific job functions are you having difficulty performing or what benefit(s) of employment are you having difficulty accessing?

2. What, if any, limitation is interfering with your ability to perform your job or access an employment benefit?

**Part D:** Questions to clarify accommodation request.

1. Please describe the specific accommodation(s) that you are requesting.

2. Please explain how the accommodation(s) you are requesting will enable you to perform the essential functions of your job or access an employment benefit.

3. If you are unsure what accommodation(s) is (are) needed, do you have any suggestions about what options we can explore?

4. Please provide any additional information that you believe might be useful as your accommodation request is being reviewed.

**Part E:** Signature and return information.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please return this confidential form to: