



ASU EMPLOYEE JOB ACCOMMODATION WORKSHEET

Employee Name:	Job Title:	Date of Request:
Office Location:	Office Extension:	Supervisor:

1. Form should be completed jointly by employee, supervisor, and ADA Coordinator, and managed confidentially, in a timely manner.
2. Number each limitation listed in Section II and, for each limitation, complete corresponding Sections I and III.
3. List specific limitations rather than the diagnosis of the disabling condition and relate accommodations to each limitation.

I.	JOB TASK(S)* AFFECTED BY LIMITATIONS (* if essential function)
II.	SPECIFIC LIMITATIONS
III.	EMPLOYEE REQUESTS FOR ACCOMMODATION(S) AND ESTIMATED COST

*Note to supervisor: Please consider, when appropriate, other accommodation options including recommendations from ASU ADA Coordinator.

 Employee Signature Date

Limitations Verified: Yes _____ No _____

NOTE: If disability is not visible and obvious, please secure other appropriate documentation that properly clarifies all related physical or mental impairments affecting job performance or compliance with ASU policies.

Comments: _____

Accommodations Resources Consulted: _____

Length of Accommodations: Permanent _____ Temporary _____ If temporary, how long needed? _____ months

The employee's supervisor should complete all previous information with the employee and with assistance from ADA Coordinator and then attach to this document their recommendations for accommodations. Submit document to the ADA Coordinator.

JOB ACCOMMODATION PROPOSAL REVIEW BY ASU ADA TEAM

Date _____

_____ Accepted

_____ Accepted, with the following changes and justification: _____

_____ Denied. Justification: _____

ADA Coordinator or other ADA Team Representative _____

Vice President for Financial Affairs or VPAA/Provost _____

Approve _____ Disapprove _____

Note: The appropriate Dean or Vice President will confidentially share the above decision with the supervisor who submitted the request for accommodations. The supervisor and ADA Coordinator will meet with the employee to convey the final decision.

JOB ACCOMMODATION PROPOSAL IMPLEMENTATION

Note to supervisor of employee requesting accommodation(s): Please ensure that accommodations are implemented in a timely manner. If there are unexpected delays or changes, please document reasons and notify the HR Office. Share that documentation, confidentially, with the ADA Coordinator.

Questions about ADA employee accommodations or this process may be directed to Human Resources or the ADA Coordinator.
