

Americans with Disabilities Act (ADA)

Employee Intake Form

Employee Name: _____	Employee ID #: _____
Department: _____	Job Title: _____

Purpose: The purpose of this form is to assist Weber County in determining whether, or to what extent, a reasonable accommodation is required for an employee to perform the essential functions of his or her job safely and effectively. This form should be completed when an employee has indicated his or her desire to request a reasonable accommodation¹ from Weber County. Upon completion, this form should be returned to Human Resources at the Weber Center, 2380 Washington Blvd. Suite #340 in Ogden, and kept separate from the employee's personnel file.

TO BE COMPLETED BY THE EMPLOYEE OR DESIGNEE:

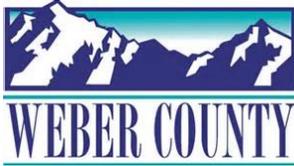
Describe the physical or mental impairment, illness, condition or disease that is the reason for this request: (In compliance with the GINA (Genetic Information Nondiscrimination Act 2008), please do not include genetic or family history information in this request for medical information; please only disclose conditions for which you need a reasonable accommodation.)

Detail how and to what extent (**nature, frequency, severity and duration**) each of your current health conditions are limiting one or more of your major life activities² **as these limitations relate to the essential functions** of your job. (If possible, please **quantify these limitations** by saying how far, how long, how much, etc.)

Please describe any detrimental effects from any mitigating measures as they relate to your current health condition (i.e. medications, assistive devices, etc.)

¹ The statutory definition of disability is a person with a physical or mental impairment that substantially limits one or more of the major life activities of such individual. 42 U.S.C. 12102(2); see also C.F.R. 1630.2(g)

² According to the ADA, major life activities may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communication, working and major bodily functions. Major bodily functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, etc.



Describe any and all essential job function(s)³ for which you need a reasonable accommodation and detail the type of reasonable accommodation(s) that you believe will enable you to perform those functions.

Describe any **special methods, skills or procedures** that would enhance your abilities to better perform one or more of the essential functions of your job.

If your condition is **episodic or in remission**, please identify and detail the nature, frequency, severity and duration of anticipated future episodes.

What reasonable accommodations are needed during an episode or flare up?

Identify the names and addresses of physicians, therapists, psychologists or other health care providers who have information or documentation concerning your illness or medical condition or your need for reasonable accommodation(s).

Employee's Name

Signature

Date

³ The U.S. Equal Employment commission has indicated that an **employer never has to remove an essential function of the job** as an accommodation. Additionally, **an employee with a disability must meet the same performance and production standards; whether quantitative or qualitative**, as a non-disabled employee in the same job. Lowering or changing a production standard because an employee cannot meet it due to a disability is not considered a reasonable accommodation. Similarly, **an employee who is chronically, frequently and unpredictably absent may not be able to perform one or more essential functions of the job**, or the employer may be able to demonstrate that any accommodation would impose an undue hardship, thus rendering the employee unqualified. **Employers generally do not have to accommodate repeated instances of tardiness or absenteeism** that occur with some frequency over an extended period of time and often without advance notice. *The Americans with Disabilities Act: Applying Performance and Conduct Standards to Employees with Disabilities.*