



RPS-11 Reasonable Accommodation Request

SECTION I: To be Completed by Employee/Applicant Requesting the Accommodation

Important: To request a reasonable accommodation under the Americans with Disabilities Act/Human Rights Act, you must

- **fully answer** each question on this form,
- sign and date the form, and
- forward it to your supervisor or program administrator **with a copy of your job description and any specific product information which is being requested to fulfill this request.**

Step 1: Employee or Applicant Information

- 1 Name: _____
- 2 Work title: _____
- 3 Work location: ___ Springfield ___ Chicago
 ___ Des Plaines ___ Fairview Heights ___ Marion
 ___ Other — write location: _____
- 4 Program area/bureau: _____
- 5 Division/section: _____
- 6 Work phone number: (_____) _____ - _____
- 7 Supervisor: _____
- 8 Program Administrator: _____
- 9 PA's phone number: (_____) _____ - _____

Step 2: Description of Accommodation Being Requested.

1 Identify your physical and/or mental impairments(s) for which you are requesting an accommodation and expected duration of the impairment(s).

2 Explain how the impairment(s) listed in #1 affects your ability to perform the essential function(s) of your job. Be specific.

3 Check the specific type of accommodation you are requesting to perform your essential job functions.

- | | |
|---|--|
| <input type="checkbox"/> Purchase or modification of equipment or devices | <input type="checkbox"/> Temporary or permanent accessible parking |
| <input type="checkbox"/> Technology/accessibility | <input type="checkbox"/> Structural modification to work site or facility |
| <input type="checkbox"/> Assisted care | <input type="checkbox"/> Modification of work schedule or leave policy |
| <input type="checkbox"/> Reassignment to vacant position | <input type="checkbox"/> Modification of examinations, training materials, or personal assistant |
| <input type="checkbox"/> Job restructuring or task modification | <input type="checkbox"/> Other |

4 Explain how the requested accommodation would be used to enhance your job performance.

5 Medical verification of impairment (check the appropriate box):

- I have enclosed the applicable medical documents with this request¹
- The disability and the need for a reasonable accommodation is obvious and no medical documentation is needed. Explain:

¹ Supporting medical documentation must be no more than 12 months old to be considered valid
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Step 3: Questions to Clarify Accommodation Request:

a If applicable: How would this accommodation allow you to participate in an employer-sponsored activity? Please name the activity.

b For purchase or modification of equipment or devices, please specify the equipment you would need if you know what is needed (e.g., ergonomic chair or keyboard, TDD telephone, computer monitor, braille equipment).

c For technology or accessibility, what are your needs to be compatible with existing equipment? Name the item being requested (e.g., replace existing computer, enlarge the print on computer screen).

d For structural modification to the work site or facility, specify what type of modification is needed (e.g., facility access, assisted devices).

e For accessible parking, specify if you need temporary or permanent parking and why it is needed. Also, identify whether you need an accessible parking place or a regular parking place closer to the door.

Permanent: _____

Temporary: _____

Duration of time: _____

f For a reader, interpreter, etc., please provide the frequency of use, the duties to be performed, and the duration of assistance.

g For reassignment to a vacant (funded) position, specify the position requested and the reason for the request. (It must be an equivalent or lower position.)

h For job restructuring or task modification, specify the modification (e.g., temporary exemption from lifting, bending, reaching, travel; reassigning or nonessential duties you are unable to perform).

i For modification of your work schedule or leave policy, specify the schedule modification (e.g., temporary assignment to alternative work schedule, daytime driving, alternative leave intervals).

j For modification of examinations, training materials, or for a request for an interpreter, reader, etc., specify what modification is needed (e.g., extra time, provision of a reader, sign language interpreter, braille materials).

Step 4: Please Sign

I understand that, by signing this application, I certify that the information provided is true and accurate to the best of my knowledge and give the ADA Coordinator/RAC permission to explore coverage and reasonable accommodations under the ADAAA, and all applicable State and federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADAAA, including its confidentiality requirements.

Signature of employee or applicant

_____/_____/_____
Date