



**STATE OF MINNESOTA – CENTRAL LAKES COLLEGE
EMPLOYEE/APPLICANT REQUEST FOR ADA REASONABLE ACCOMMODATION FORM**

The State of Minnesota is committed to complying with the Americans with Disabilities Act (“ADA”) and the Minnesota Human Rights Act (“MHRA”). To be eligible for an ADA accommodation, you must be 1) qualified to perform the essential functions of your position and 2) have a disability that limits a major life activity or function. The ADA Coordinator/Designee will review each request on an individualized case-by-case basis to determine whether or not an accommodation can be made.

Employee/Applicant Name:	Job Title:
Work Location:	Phone Number:

Data Privacy Statement: This information may be used by the Central Lakes College (CLC) human resources representative, ADA Coordinator or designee, legal counsel, or any other individual who is authorized by CLC to receive medical information for purposes of providing reasonable accommodations under the ADA and MHRA. This information is necessary to determine whether you have a disability as defined by the ADA or MHRA, and to determine whether any reasonable accommodation can be made. The provision of this information is strictly voluntary; however, if you refuse to provide it, Central Lakes College may refuse to provide a reasonable accommodation.

Questions to clarify accommodation requested:

1. What specific accommodation are you requesting?
2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore.
 - a. If yes, please explain.

Questions to document the reason for the accommodation request: *(please attach additional pages if necessary)*

1. What, if any job function are you having difficulty performing?

- 2. What, if any employment benefit are you having difficulty accessing?

- 3. What limitation as result of your physical or mental impairment is interfering with your ability to perform your job or access an employment benefit?

- 4. If you are requesting a specific accommodation, how will that accommodation be effective in allowing you to perform the functions of your job?

Information Pertaining to Medical Documentation:

In the context of assessing an accommodation request, medical documentation may be needed to determine if the employee has a disability covered by the ADA and to assist in identifying an effective accommodation.

The ADA Coordinator or designee in each college is tasked with collecting necessary medical documentation. In the event that medical documentation is needed, the employee will be provided with the appropriate forms to submit to their medical provider. The employee has the responsibility to ensure that the medical provider follows through on requests for medical information.

This authorization does not cover, and the information to be disclosed should not contain, genetic information. "Genetic Information" includes: Information about an individual's genetic tests; information about genetic tests of an individual's family members; information about the manifestation of a disease or disorder in an individual's family members (family medical history); an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Employee/Applicant Signature:	Date:
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Reasonable Accommodation Agreement

This form is to be completed by the College's ADA Compliance Officer after the reasonable accommodation decision has been made. The signatures on the bottom of this form indicate consent by the employee/applicant and the College to the specific accommodation.

Name of Employee/Applicant	Name of Administrator
<p>The request for reasonable accommodation to the needs of the above named employee/applicant with a disability was:</p> <p style="text-align: center;"> <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED </p> <p>Rational for the decision (indicate specific factors considered).</p>	
<p>If reasonable accommodation was approved, was the employee's/applicant's suggestions accepted?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY </p> <p>RATIONAL:</p> <p>DESCRIBE specific accommodation(s) to be made:</p>	
COST ESTIMATE:	
<p><i>I have read the employee/applicant request for reasonable accommodation. I understand that all tangible accommodations purchased by the College will become the property of the State of Minnesota. I understand that future circumstances may cause this agreement to be changed or cancelled.</i></p>	
Signature of Employee/Applicant	Date
Signature of ADA Coordinator	Date
Signature of Affirmative Action Officer; Director of Human Resources	Date

Deaf and Hard of Hearing users may call Minnesota Relay Service at 7-1-1 or 1-800-627-3529.

A copy of the completed form will be attached to the purchase requisition; the original will be on file with the ADA Compliance Officer.