

4. Accommodation(s) Requested (Be as specific as possible, for example adaptive equipment, Interpreter, training, schedule change, work location, etc.) The accommodation should assistance you with successfully performing the essential functions of your job:

.....

5. If you have additional information you would like to have considered please enter below:

.....

6. Have you requested FMLA, CFRA, PDL, or other leave in connection with the above described disability?

Yes No

If yes, please specify what you requested and when:

7. Have you had any reasonable accommodations in the past for this same limitation(s) which were effective? Yes No

If yes, please explain:

REASONABLE ACCOMMODATION REQUEST FORM FOR EMPLOYEES (CONTD.) Page 3

You may provide a copy of your position description to your Treating Physician to assist with their review for consideration for an accommodation. If you need a copy of your position description:

- Staff may request a copy of their position description from CSUDH Human Resources
- Faculty may request a copy of their position description from CSUDH Faculty Affairs.

I verify that the above information is true and correct to the best of my knowledge and agree to allow this information be reviewed by the necessary parties to enable my accommodation. I understand that electronic copies of medical notes I submit to Human Resources will be maintained electronically in a separate, secure file contained in Human Resources in accordance HIPAA regulations.

Employee Name (Print)

Employee Signature and Date

I acknowledge the employees request. This is not an approval of the accommodation Request.

Appropriate Dept. Administrator Name (Print)

Appropriate Dept. Administrator Signature & Date

Questions please all ADA Coordinator at ext. 3694

The information requested above is CONFIDENTIAL and will be used to determine an appropriate reasonable accommodation for your work-related limitations due to a qualifying disability. This form is to be completed by the employee or a representative acting on behalf of the employee, and provided to Human Resources. Please submit the completed form by email ADAmicalaccommodations@csudh.edu. You may also deliver the completed form to Human Resources, Welch Hall 340, Phone (310) 243-3694.

Or send via U.S. mail to:

California State University, Dominguez
Hills Human Resources
Attention: ADA Coordinator
1000 E. Victoria Street, WH 340
Carson, CA 90747

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information:" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

MEDICAL RECORDS RELEASE AUTHORIZATION:

I, _____, hereby authorize California State University, Dominguez Hills, or its agent, to contact my physician/health care provider. I authorize my physician/health care provider to release information pertaining to my accommodation request to California State University, Dominguez Hills, Human Resources, about my functional abilities/limitations with relation to my job duties.

I hereby acknowledge I have been informed of my right to receive a copy of this authorization upon request. I further acknowledge I have been informed if the medical information covered herein is not released, my request for a reasonable accommodation may be denied. I understand this authorization shall become effective immediately upon execution.

Employee Signature _____ Date _____

Return this form to:

Human Resources, California State University Dominguez Hills
1000 E. Victoria Street, WH 340
Carson, CA 90747

Or send via secured email to:

ADAmicalaccommodations@csudh.edu.

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