



Douglas County, Nebraska
EMPLOYEE DISABILITY ACCOMMODATION REQUEST FORM

This form is to be returned to the Department

Employee Name: _____

Job Title: _____

Department: _____

Primary Phone #: _____ **Date:** _____

This form should be completed by an employee who believes he/she has a disability and who wishes to request a reasonable accommodation. This form is used to assist in the interactive process and for recordkeeping purposes only. It will be maintained separately from the employee's personnel file and is a confidential document. Please attach a separate sheet if more space is needed.

1. What is the nature of your disability? _____

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

3. If you are not sure what accommodation is needed, do you have any suggestions about what options could be explored? Yes No
If yes, please explain: _____

Is your accommodation request time sensitive? Yes No

If yes, please explain: _____



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4. What specific accommodation(s) are you requesting?

5. Have you requested or had any accommodations in the past? Yes No

If yes, please explain: _____

6. If you are requesting an accommodation, how will that accommodation assist you?

7. How long do you believe you would need the required accommodation(s)? _____

8. Please provide any additional information that might be useful in considering your accommodation(s) request. _____

9. Attach any documentation or form completed by your healthcare provider detailing the specific nature of your disability as it relates **ONLY** to this accommodation request.



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By signing below, you attest that the information you provided on this application is accurate, true, and correct to the best of your knowledge. You agree to and authorize the release of information requested to Douglas County for use in the interactive process with Douglas County. You understand that Douglas County reserves the right to verify any and all information regarding your requested accommodation(s).

Employee Signature

Date

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 sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.