



## Employee Reasonable Accommodation Request

Metro Government<sup>1</sup> is compliant with the Americans with Disabilities Act (ADA) and all other applicable employment laws.

Employee Name (Print): \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: (    )    -   

Supervisor's Name: \_\_\_\_\_

Metro encourages the use of this form by employees requesting the reasonable accommodation of a disability. Use of this form is not mandatory in order to request an accommodation but will assist Metro in completing review of the request. Upon completion, this form must be delivered to the employee's supervisor or department's Human Resources Coordinator. This form must be kept separate from the employee's regular personnel file.

Requests for accommodation for the recruitment process can be directed to Human Resources at 615-862-6640.

For Metro building access or Metro program accommodations, contact the ADA Compliance Division at: [contactada@nashville.gov](mailto:contactada@nashville.gov) or call: 615-862-8744.

### Definitions<sup>2</sup>:

For purposes of this form, a person with a **disability** is someone who:

- has a physical or mental impairment that substantially limits one or more major life activities, or
- has a history or record of such an impairment.

A **reasonable accommodation** is a modification or adjustment to a job, the work environment, or the way things are usually done during the hiring process. These modifications enable an individual with a disability to have an equal opportunity not only to get a job, but successfully perform their job tasks to the same extent as people without disabilities. The ADA requires reasonable accommodations, as determined by the employer, as they relate to three aspects of employment:

- ensuring equal opportunity in the application process;
- enabling a qualified individual with a disability to perform the essential functions of a job; and
- making it possible for an employee with a disability to enjoy equal benefits and privileges of employment.

Additional explanations and definitions can be found on page 5 of this form.

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<sup>1</sup> Any mention of "Metro" or "Metropolitan Government" within this document refers to Metropolitan Government of Nashville and Davidson County.

<sup>2</sup> These definitions are provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definitions of these terms or impose obligations on Metro not required by law.

**To be completed by the employee:**

1. How does your medical condition that prevents you for performing one or more functions of your position? \_\_\_\_\_

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a. Is your condition or impairment: ☐ Temporary (lasting less than 6 months) ☐ Permanent

b. Anticipated date when condition or impairment will be resolved: \_\_\_\_\_

2. Please define the frequency of these tasks for your specific position, being as precise as possible:

Activity	None	Seldom	Occasional	Frequent
Lifting				
Walking				
Standing				
Bending				
Climbing				
Stooping				
Grasping/Holding Materials				
Keyboard Use				
Driving				
Sitting				
Concentration				
Work in/with hazardous conditions or materials				
Working with Public				
Other:				

3. What duties or responsibilities of your position does your condition or impairment **prevent** you from performing? \_\_\_\_\_

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4. Will time away from work be necessary? ☐ Yes ☐ No

Duration/frequency: \_\_\_\_\_

5. What is the reasonable accommodation that you are requesting, if known? Please be as specific as possible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. How will this accommodation assist you in performing the essential functions of your job? \_\_\_\_\_  
\_\_\_\_\_

B. Are there any specific resources, tools, or equipment necessary that will assist you? \_\_\_\_\_  
\_\_\_\_\_

C. Do you own this resource, tool, or equipment? ☐ Yes ☐ No

6. Are there other types of accommodations that would also support your ability to perform the essential functions of your position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else Metro should be aware of with regards to this request? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Medical documentation from your healthcare provider may be requested to support this request. If you have documents from your healthcare provider which you believe is pertinent to this ADA request, you may attach it to this form.**

### **Employee Certification and Acknowledgment**

I certify that the forgoing statements are complete, accurate, and true to the best of my knowledge. I understand that Metro will evaluate all possible reasonable accommodations, not exclusively my preferred accommodation, and select a particular type of accommodation is that is effective, safe, and reasonable. In addition, I understand that I am expected to fully engage in the interactive process, and failure to engage in the interactive process may prevent Metro from being able to complete the evaluation of this request. I understand that information obtained will be maintained and used in accordance with ADA confidentiality requirements. Finally, I understand that even with the presence of a disability and/or reasonable accommodation, I am expected to follow all rules, policies and lawful directions from my supervisor unless provided written permission otherwise.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Helpful Definitions

## **Americans With Disabilities Act**

The ADA “prohibits discrimination against qualified individuals with disabilities.” As defined by the ADA, a qualified individual with a disability is

- 1) an individual with a disability who satisfies the requisite skill, experience, education and other job-related requirements of the employment position such individual holds or desires, and
- 2) an individual who, with or without reasonable accommodation, can perform the essential functions of such position.

## **Notification**

The Equal Employment Opportunity Commission (EEOC) states that an employer generally does not have to provide a reasonable accommodation unless an individual with a disability has asked for one. A request can be a statement in "plain English" that an individual needs an adjustment or change in the application process or at work for a reason related to a medical condition. The request does not have to include the terms "ADA" or "reasonable accommodation," and the request does not have to be in writing, although the employer may ask for written documentation. A family member, friend, health professional, rehabilitation counselor or other representative also may request a reasonable accommodation on behalf of an individual with a disability.

## **Essential Functions of the position**

Essential functions are the basic job duties that an employee must be able to perform, with or without reasonable accommodation. The employer should carefully examine each job to determine which functions or tasks are essential to performance.

Factors to consider in determining if a function is essential include:

- whether the reason the position exists is to perform that function,
- the frequency and duration of the tasks being performed, and
- the degree of expertise or skill required to perform the function.

## **Physical or Mental Impairment**

Any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or

Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Exceptions:** The terms “disability” and “qualified individual with a disability” do not include individuals currently engaging in the illegal use of drugs, when the covered entity acts based on such use. However, the terms “disability” and “qualified individual with a disability” may not exclude an individual who:

- Has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in the illegal use of drugs; or
- Is participating in a supervised rehabilitation program and is no longer engaging in such use; or
- Is erroneously regarded as engaging in such use but is not engaging in such use.

EEOC guidance on drug and alcohol use:

Current illegal use of drugs is not protected by the ADA. An employer does not need to hire or retain someone who is currently engaging in the illegal use of drugs. Tests for the current illegal use of drugs are permitted at any time prior to or during employment.

While people with alcoholism may be individuals with disabilities, the ADA still allows employers to hold them to the same performance and conduct standards as all other employees, including rules prohibiting drinking on the job.

## **Major Life Activities**

- Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and
- The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

## **Substantially Limits**

An impairment is a disability if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, the individual from performing a major life activity to be considered substantially limiting.

### **Reasonable Accommodation**

- Modifications or adjustments that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires.
- Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position.
- Modifications or adjustments that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

Reasonable accommodations may include but are not limited to:

- Existing facilities used by employees being made readily accessible to and usable by individuals with disabilities.
- Job restructuring.
- Part-time or modified work schedules.
- Reassignment to a vacant position.
- Acquisition of or modifications to equipment or devices.
- Appropriate adjustment or modifications of examinations, training materials or policies.
- The provision of qualified readers or interpreters.

To determine the appropriate reasonable accommodation, employers should initiate an informal, interactive process with the individual. This process should identify the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations.

### **Undue Hardship**

Significant difficulty or expense incurred by a covered entity, considering the following factors:

- The nature and cost of the accommodation needed.
- The overall financial resources of the facility making the reasonable accommodation; the number of persons employed at this facility; and the effect on expenses and resources of the facility.
- The overall financial resources, size, number of employees, and type and location of facilities of the employer (if the facility involved in the reasonable accommodation is part of a larger entity).
- The type of operation of the employer, including the structure and functions of the workforce, the geographic separateness, and the administrative or fiscal relationship of the facility involved in making the accommodation to the employer.
- The impact of the accommodation on the operation of the facility.

In addition to actions that would result in undue hardship, the employer does not have to do any of the following:

- Provide an employee with an adjustment or modification that would assist the individual both on and off the job, such as a prosthetic limb, wheelchair or eyeglasses.
- Remove or alter a job's essential functions.
- Lower production or performance standards.
- Excuse violations of conduct rules necessary for the operation of the business.
- The employer is not required to provide the employee's preferred accommodation. The employer can provide an alternate accommodation if it is safe and effective.