

ADA Department Referral

Date:		EIN:	
Name:		Date of Hire:	
Home Address:		Job Classification:	
City:		Department:	
State:	Zip Code:	Supervisor Name:	
Home Phone:		Supervisor Phone:	
Cell Phone		Work Phone:	

Referring Manager/Supervisor's Name (Print): _____

Referring Manager/Supervisor's Signature: _____

1. Please state your reason(s) for referring this employee for reasonable accommodation under the ADA (Per Administrative Procedure 23-29):

2. Do you believe that this employee has a physical, sensory, cognitive condition that substantially limits his/her daily activities (e.g., seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, working)? If so, please describe the condition(s):

3. How is the employee's work performance affected by the condition(s) noted above (job performance, attendance, conduct, accessibility, etc.)?

4. Have you discussed any reasonable accommodation(s) with the employee? YES | NO.
If so, please briefly describe what was discussed and whether you believe both the department and employee agree to the accommodations?