



State of Minnesota – Century 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 Name: _____ Job Title: _____

Work Location: _____

Data Privacy Statement: This information may be used by your agency Human Resources representative, ADA coordinator/designee, your agency legal counsel or any other person who is authorized by your agency 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, your agency may refuse to provide 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. Yes No

- a. If yes, please explain.

Questions to document the reason for the accommodation request. *(Please attach additional pages as necessary).*

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

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

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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/Designee in each agency 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.

Genetic Information Nondiscrimination Act of 2008 Disclosure: 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 Signature: _____

Date: _____

Complete and email this form to HR@Century.edu



Authorization for Medical Information From an Employee's Treating Health Care Provider

Updated: June 2015

Employee's Name (please print): _____ Date: _____

Name of Medical Provider: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

I hereby authorize: _____ (Medical Provider)

- ◆ To disclose to Century College Human Resources, or any other person, including Century College's general counsel, who is authorized by Century College to handle medical information for ADA purposes any information concerning my physical or mental condition, that are necessary to determine whether I have a disability and to determine whether any accommodations can be made.
- ◆ I also authorize Century College Human Resources, or any other person who is authorized by Century College to handle medical information for ADA purposes, to speak to my treating physician or health care provider directly in regards to any questions they may have with respect to my condition that relates to the performance of the essential functions of my job and any accommodations that may be necessary.
- ◆ I understand that the requested data is for the above-mentioned purposes, and that I may refuse to provide the requested medical information. However, I understand that if I refuse to provide the information, my employer may refuse to provide reasonable accommodation.
- ◆ This authorization is valid for one-year from the date indicated below or upon receipt of my signed written notice to withdraw my consent. A photocopy is as valid as an original.

Signature of Employee

Date

Complete and email this form to HR@century.edu