



ADA (American with Disabilities Act) Request Packet

Overview

Marquette University complies with the American with Disabilities Act and is committed to providing reasonable workplace accommodations to qualified employees with disabilities. Workplace accommodations are defined as a modification or adjustment to a job or the work environment that will enable the individual to perform the essential functions of their role.

Process

Marquette University's ADA process is administered by the Human Resources Department. Employees who wish to engage in this process will be asked to complete the following steps:

- Employees must complete Section I below. Please be sure to include any information that you think would be useful in assessing your condition and request.
- Employees should submit Section II and a copy of your job description to your medical provider. Job descriptions can be obtained by reaching out to the Human Resources department at humanresources@marquette.edu or (414) 288-7305.
- Both completed sections should be returned to the Human Resources department via email humanresources@marquette.edu or fax: (414) 288-7425.
- Upon receipt of these forms, a member of the Human Resources team will reach out to discuss. This may include engaging in an interactive process designed to assess whether the medical condition listed fits the criteria of a disability covered under the ADA, what accommodations are requested and how that might assist in performing the essential functions, what other accommodations may be available, and the reasonableness of the accommodation request. It is the employee's responsibility to engage in this process by providing ideas or options for how their work or workspace could be modified to allow them to perform the essential functions of their role. Each request is evaluated on an individualized basis.
- A finalized response will be provided to the employee and supervisor documenting the final decision.
- For questions, please contact the Human Resources department at (414) 288-7305.

Reminders

- Please note that having a medical condition alone may not make you eligible for an accommodation.
- The University is under no obligation to provide the accommodation as requested should other accommodations be available.
- As a part of this process, and according to HIPAA your medical information will not be shared.
- Requests and accommodations will need to be discussed with others (supervisors, chairs, etc.) to fully assess accommodations requested and the reasonableness.



American with Disabilities (ADA) Request Form for Marquette University Faculty and Staff Employees

Section I: To be completed by faculty or staff employee:

Employee Name

Phone Number

Job Title

Department

Supervisor Name

Do you have a medical condition that impacts your ability to perform the essential functions of your job? If yes, what functions are impacted?

Workplace accommodations are intended to help an employee overcome limitations caused by a disability that interferes with their ability to perform the essential functions of their job. Describe the accommodation(s) you believe are needed to enable you to perform the essential functions of your job:

Release of Information:

I hereby authorize the release of the following information to Marquette University for the purpose of determining the availability of reasonable workplace accommodations or alternative work arrangements. I further authorize Marquette University to seek clarification of this documentation, if necessary, by contacting my physician or health care provider. I understand that Marquette University is not obligated to provide any specific accommodation I request but will evaluate my request in light of all information available in making a determination of what constitutes a reasonable accommodation.

Signature

Date

Marquette University Human Resources
Department Email:
humanresources@marquette.edu
Phone: (414) 288-7305 or Fax: (414) 288-7425

Section II: To be completed by the physician or health care provider (please note that this section must only be completed by a health care provider):

To Physician or Health Care Provider:

As the employee's physician or healthcare provider, you are asked to fully complete all sections of this form. Additional information can be attached if necessary. Note: Federal and state law define a disability as a physical or mental impairment that substantially limits one or more major life activities, an individual having a record of such an impairment, or an individual being regarded as having such an impairment.

You should consider the employee's job functions and other information relevant to the employee's job at Marquette University. If this information has not been provided, please contact the employee, and let him or her know you cannot complete this form without that information.

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. Thank you for your assistance.

Employee Name

Date

1. Is the employee currently under your care? Yes No

2. When did you last see this employee? _____

3. What is the underlying condition/impairment for which the patient is requesting an accommodation?

4. How does this underlying condition/impairment impact the employee's ability to perform the essential functions of his/her job?

5. Does the impairment substantially limit a major life activity as defined by the ADA?
 If yes, what [major life activity](#) as defined by the ADA is substantially limited (circle all that is applicable)?

Major Life Activities:

Caring for oneself	Walking	Learning
Performing manual tasks	Standing	Reading
Seeing	Lifting	Concentrating
Hearing	Bending	Thinking
Eating	Speaking	Communicating
Sleeping	Breathing	Working

Major Bodily functions

Immune system	Normal cell growth	Digestive	Bowel
Bladder	Neurological	Brain	Respiratory
Circulatory	Endocrine	Reproductive	

Other (include description): _____

6. Is this condition temporary, permanent, or unknown?

If this condition is temporary, until what anticipated date is an accommodation or alternate work needed?

7. Please identify accommodations or alternative work arrangements that could enable the employee to perform his/her work.

Accommodation or alternative work arrangement	Justification	Recommended duration for this accommodation

Thank you for your assistance in providing this information so that we may assess the employee's request. Please complete the information below.

Signature of physician or health care provider

Date

Professional's Name (printed)

License Number

Professional's Title

Telephone Number

Address

Fax Number

Please forward this completed document to humanresources@marquette.edu or fax it to 414.288.7425.