SALT LAKE COUNTY
HUMAN RESOURCES

Human Resources

Americans with Disabilities Act (ADA)
Employee Intake Form

Employee Name: _____ Job Title: _____

Employee ID: _____ Phone: _____ Email: _____

Employee Address: _____ Department/Division: _____

Supervisor's Name: _____

This form should be completed when an employee has indicated his or her desire to request a reasonable accommodation[1] from Salt Lake County. Upon completion, this form should be returned to the ADA Coordinator, Human Resources, N4-700, and kept separate from the employee's personnel file.

The purpose of this form is to assist Salt Lake County in determining whether, or to what extent, a reasonable accommodation is required for an employee to perform the essential functions of his or her job safely and effectively. In compliance with the GINA (Genetic Information Nondiscrimination Act, 2008), please do not include genetic or family history information.

To be Completed by the Employee or Designee

1. Describe the physical or mental impairment(s), illness, condition(s), or disease(s) that you are requesting an accommodation for: please only disclose conditions for which you need a reasonable accommodation.

Is your disability visible or obvious? ☐ Yes (if yes you do not need to submit the medical questionnaire) ☐ No

Describe how (**nature, frequency, severity and duration**) each of your current health conditions are limiting your ability to perform your job.* (If possible, please **quantify these limitations** by saying how far, how long, how much, etc.

3. What, if any job function(s) are you having difficulty preforming.

*According to the ADA, **major life activities may include, but are not limited to,** caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communication, working and major bodily functions. Major bodily functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, etc.

4. Describe the specific accommodation(s) you are requesting. If you are not sure what accommodation is needed, please provide suggestions. **

5. How will the above accommodations help you perform your job duties?

6. Identify the names and addresses of physicians, therapists, psychologists or other health care providers who have information or documentation concerning your illness or medical condition or your need for reasonable accommodation(s).

Date: Employee's Signature:

The U.S. Equal Employment commission has indicated that an **employer never has to remove an essential function of the job as an accommodation. Additionally, **an employee with a disability must meet the same performance and production standards; whether quantitative or qualitative,** as a non-disabled employee in the same job. Lowering or changing a production standard because an employee cannot meet it due to a disability is not considered a reasonable accommodation *The Americans with Disabilities Act: Applying Performance and Conduct Standards to Employees with Disabilities.*