



City & Borough of Juneau ADA Employee Request for Reasonable Accommodation

Employee Name: _____ Job Title/Position #: _____

Date of Request: _____ Department: _____

Position Title and number _____

Contact Information _____

If you are requesting a reasonable accommodation from the City and Borough of Juneau (CBJ) pursuant to the Americans with Disabilities Act as Amended, please fill out this form and return it to Human Resources or your supervisor.

The information you provide will be used by Human Resources for the purpose of determining whether you have a disability (as defined by the ADAAA); whether you are eligible for a reasonable accommodation; and, if so, help determine what that accommodation should be that will help you perform the functions of your position. Providing this information is voluntary but, if you refuse to do so, CBJ may decline to provide reasonable accommodation.

PART A: These questions will help determine whether you have a disability as defined by the ADA.

1. Do you have a mental or physical condition that affects your ability to perform your job.
 - If yes, what is the impairment?
 - If yes, is the impairment long term-or permanent?
 - If not permanent, how long will the impairment likely last?
2. Does the impairment substantially limit a major life activity? Yes ____ No ____
If yes, what major life activity is affected?

If yes, describe how the impairment substantially limits the major life activity?



3. Does the impairment substantially limit the operation of a major bodily function?
Yes ____ No ____

If yes, what major bodily function is affected. (check one or more).

- ☐ Normal Cell Growth
- ☐ Bladder
- ☐ Endocrine
- ☐ Immune
- ☐ Neurological
- ☐ Musculoskeletal
- ☐ Digestive
- ☐ Respiratory
- ☐ Cardiovascular
- ☐ Bowel
- ☐ Circulatory
- ☐ Brain
- ☐ Other (please describe)

PART B: Questions regarding the reason for accommodation request.

1. What, if any, specific job functions are you having difficulty performing or what benefit(s) of employment are you having difficulty accessing?

2. What, if any, limitation is interfering with your ability to perform your job or access an employment benefit?



PART C: Questions to clarify accommodation request:

1. Please describe the accommodation(s) you are requesting.
2. Please explain how the accommodation(s) you are requesting will enable you to perform the essential functions of your job or access an employment benefit.
3. If you are unsure what accommodation(s) is (are) needed, do you have any suggestions about what options we can explore?
4. Please provide any additional information that you believe might be useful as your accommodation request is being reviewed.



PART D: Signature and return information.

Employee Signature and date

Please return this confidential form to:

Name/Title: