

Request for Reasonable (Medical) Accommodation

Purpose

Consistent with the American with Disabilities Act (ADA) and any applicable state or local law, The City of Everett will provide a reasonable accommodation for an employee with a disability to perform the essential functions of their jobs unless doing so would create an undue hardship for The City of Everett.

Any employee that believes they need accommodation out of medical necessity should request an accommodation from the Human Resources Department (HR). Employees are asked to submit their requests in writing using this Request for Medical Accommodation form.

The City of Everett prohibits retaliation against any individual for requesting a reasonable accommodation in good faith.

Procedure

A completed form should be submitted to HR at Human.Resources@ci.everett.ma.us as soon as possible after an employees need for an accommodation is known.

A member of the HR Team will contact the employee as soon as possible after receiving a completed form, to discuss the accommodation request and, if necessary, request additional information to assess the request. It is important for the employee and the City of Everett to engage in this interactive process together. It is also very important for employees to respond promptly to any communications they receive from HR relating to this request.

Employees should contact a member of the HR Team to address any questions about this form or the status of any accommodation request, or request assistance with filling out this form or making a request.

Request for Reasonable (Medical) Accommodation Form

(Page 1)

To request an exemption from any policies, please complete the form below and return this form to the Human Resources department at Human.Resources@ci.everett.ma.us **In the subject line please type "Reasonable (Medical) Accommodation Request"**.

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

Please describe the specific accommodation you are requesting:

If you are not sure what accommodation is needed, please provide suggestions about what options we can explore:

What, if any, job functions are you having difficulty performing?

Request for Reasonable (Medical) Accommodation Form

(Page 2)

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

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodation in the past for this same limitation? Yes ♦ No ♦

If yes, what were they and how effective were they? _____

If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide any additional information that you think may be helpful in reviewing your request, including whether this request is time sensitive, or you are requesting an exemption from a federal emergency temporary standard (ETS).

Request for Reasonable (Medical) Accommodation Form

(Page 3)

I verify that the information I am submitting to substantiate my request for a reasonable (medical) accommodation is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that the City of Everett is not required to provide this reasonable accommodation if doing so would pose a direct threat to myself or others in the workplace or community we serve or would create an undue hardship for the City of Everett.

Employee Signature:	Date:
---------------------	-------