

REQUEST FOR ACCOMMODATION (CONFIDENTIAL)
Department of Human Services (Employment)

Date of Request: _____

Please Check One: I am an: Employee Applicant for Employment

Requester's Name/Title: _____

Division/Section/Unit: _____

Worksite Address and _____

Telephone No.: _____

APPLICATION *(To Be Completed by Employee or Applicant for Employment)*

1. I am requesting the following accommodation(s): _____

2. It is necessary to have this accommodation for the following reasons: _____

Requester Signature and Date: _____

Program Recommendation (Indicate Approve/Disapprove, Modify or Trial Period): _____

Print Supervisor's Name

Supervisor Initials

Date

Print Program Administrator's Name

Program Administrator Initials

Date

DETERMINATION

(To Be Completed by Human Resources Office, Civil Rights Compliance Staff)

Approved Accommodation Provided: _____

Disapproved Specific Reason Denied: _____

Approved with Modification _____

Approved for Trial Period from _____ to _____

Comments: _____

If you disagree with this determination, you may present additional information to your supervisor within ten (10) business days of the date of this determination to further substantiate your request. You may contact the Civil Rights Compliance Staff, via email at DHSCivilRightsBox@dhs.hawaii.gov or call (808) 586-4955 to discuss the above determination.

Departmental Human Resources Officer

Date

Request for Accommodation (Employment)
General Instructions

This form is meant to simplify the processing and recording of requests for reasonable accommodations for Department of Human Services' (DHS) employees and applicants for employment at DHS who qualify under the Americans with Disabilities Act Amendments Act.

General Information: To be completed by DHS Employee or Applicant for Employment

- Date of Request
- Check One: Current DHS Employee or Applicant for Employment at DHS
- Requester's Name/Title: Name/title requester is using for employment with DHS
- Division/Section/Unit: Enter location where employment is current or anticipated
- Worksite Address and Telephone No.

Application: To be completed by employee or applicant making request

- Describe specifically what requester believes is needed. Provide photograph of items to be purchased and estimated cost.
- Reasons: Describe the functional limitations that make this request necessary and how it relates to the job being or to be performed.
- Requester's Signature and Date

Program Recommendation: To be completed by supervisor and program administrator

- Program Recommendation: Indicate recommendation of request.
- Print Supervisor Name, initial, and date.
- Print Program Administrator Name (person with the authority to approve or disapprove funds based on the supervisor's recommendation), initial, and date.

*Required attachments to this form shall contain specific information and product details; dates and times of discussions(s) with requester, estimated costs and timeframes, and relationship to the job to be performed. Send the completed Request for Accommodation form (hard copy or electronic) to the Human Resources Office, Civil Rights Compliance Staff, for review and approval by the Departmental Human Resources Officer.

NOTE: If recommending to "disapprove" is indicated, please state specific reasons(s) on a separate sheet and attach to the Request for Accommodation form to be submitted to the Human Resources Office, Civil Rights Compliance Staff, to review for consistency within the department.

Questions: DHS ADA Coordinator, DHSCivilRightsBox@dhs.hawaii.gov or (808) 586-4955.

***Important Note to Supervisors**

It is important for the supervisor to meet with the employee or applicant (for DHS employment) to discuss the request for an accommodation. More than one meeting may be necessary. This is referred to as the *interactive process*. The supervisor must document the meeting date(s) and time(s) about functional limitations, accommodation alternatives considered, and specifically, what is being approved, disapproved with reason(s), modified with reason(s), and/or trial period being recommended.

When a doctor's note is attached, the specific need and the limitations requiring the need should be stated. Redact any diagnosis information before forwarding the doctor's note to Human Resources Office, Civil Rights Compliance Staff.