

Physician's Certification for Employee Accommodation

We have received notice from you and/or your doctor indicating that you have a condition that requires an accommodation in the workplace. In order to process this request, additional information is needed from the treating physician. Please ask your physician to review your Employee Work Profile (job description) or faculty work plan (job description) with you and complete this certification and return it to the Office of EEO/AA Services as soon as possible. This information must be received in order to process your request.

Employee Name _____ Position _____

- 1). Describe the (a) nature, (b) severity, and (c) duration of the employee's impairment.

- 2). Describe the major life activity or activities the impairment limits (i.e. walking, breathing, seeing, etc.)

- 3). Describe how this condition limits the employee's ability to perform the essential functions of the job. Using the Employee Work Profile (job description) or faculty work plan (job description), identify the essential functions affected and how the medical condition impairs the employee in each instance.

4). Describe the accommodation requested and why the requested reasonable accommodation is needed.

5). Are there any alternative accommodations that may also be feasible (not listed in #4).

Physician's Signature

Date

Physician's Printed Name

Address

City

State

Zip

Telephone Number