

Requesting a Reasonable Accommodation

In accordance with the Americans with Disabilities Act of 1990 ("ADA"), the Pennsylvania Human Relations Act, and Millersville University policies and practices, Millersville University is

6. Do you have documentation to support your disability? YES _____ NO _____ If YES, please attach. [Documentation includes statements or other documentation from a physician or other professional identifying the disability and addressing what, if any, accommodations are necessary based upon your job duties. [See Medical Certification Form for additional information]. If you need a copy of a job description to provide to your medical professional, please contact Human Resources D W K X P D Q U H V R X U F H V # P L O O H H G X R U at 717-871-4950.

Acknowledgement

I understand that it is my responsibility to complete the attached Release of Medical Information Statement and to provide a Medical Certification Statement to the Human Resources office for my request to be evaluated. I further understand that the HR office will evaluate and respond to me based upon the information that I provide.

SIGNATURE	DATE
RECEIVED BY HUMAN RESOURCES	DATE

Information or assistance regarding accommodation requests can be obtained by contacting the Office of Human Resources D W K X P D Q U H V R X U F H V # P L O O H H G X R U at 717-871-4950.

Release of Medical Information Statement

I, _____, understand that I am giving permission to Millersville University of Pennsylvania, Human Resources to contact the following individual(s) for purposes of requesting documentation/information regarding my disability including the diagnosis and limitations associated with that diagnosis. I understand that this permission will remain in effect from the day I sign this document until I revoke permission in writing or am no longer affiliated with Millersville University of Pennsylvania.

Name _____

Address _____

Phone _____ E-mail _____

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Address _____

Phone _____ E-mail _____

Medical Certification Form

For reasonable accommodation under the ADA, an employee has a disability if the employee has an impairment that substantially limits one or more major life activities or a record of such an impairment.

Have you examined the employee for the above-stated condition? Yes _____ No _____
Date of examination(s): _____

Does the employee have a "physical or mental impairment" ? X V W & K H F N < H V R U 1 R
Yes _____ No _____

If you answered "yes" to question 2, please identify the employee's specific physical or mental impairment (diagnosis):

Does the above-identified impairment substantially limit a major life activity of the employee? X V W & K H F N < H V R U 1 R
Yes _____ No _____

If you answered "yes" to question 4, please describe what major life activity(ies) is substantially limited.

Please describe the manner and extent to which the impairment limits the above described major life activity(ies).

What is your prognosis for whether and in what manner the impairment will continue to limit the above-described major life activity(ies)?

What is the expected duration of the impairment?

9. How does the impairment affect the employee's