ArentFox Schiff

ADA ACCOMMODATION REQUEST FORM FOR EMPLOYEES AND APPLICANTS

Employee Name: _____ **Job Evaluated:** _____

In accordance with federal law and applicable state and local counterparts (collectively, the "ADA"), you may request reasonable accommodations in conjunction with your employment if you are a qualified individual with a disability. A reasonable accommodation means a modification or adjustment to a job, the work environment, or the way things are typically done during the hiring process that would enable an individual to perform the essential functions of the position. Employers are not required to provide accommodations that would pose a direct threat to the health or safety of the individual or others in the workplace or would create an undue hardship for the business or operations.

ArentFox Schiff LLP (the "Firm") will engage in an interactive process with respect to requests for reasonable accommodations. We will work with you and your health care provider to determine if the Firm can accommodate with an effective option (not necessarily your preferred option). All employees, including those who are requesting and/or receiving an accommodation, will be expected to perform the essential functions of the job at a satisfactory level of performance, as determined by the Firm.

To start the ADA Accommodation process, please complete the following steps.

1. Sign and return this form to **Patricia Griffin, Human Resources and Benefits Specialist, ArentFox Schiff LLP, 233 South Wacker Drive, Suite 7100, Chicago, IL 60606 by _____, 2023 via email, mail or fax at 312.258.4570**.

2. Provide your job description and the ADA Medical Provider Questionnaire (both attached) to your medical provider and ask your medical provider to complete the form and return it to my attention, as outlined on the Questionnaire.

By signing this form, I authorize the release of necessary confidential medical information by my health care provider, as deemed necessary by the ArentFox Schiff LLP Benefits team, regarding my disability and my accommodation request. I also authorize the ArentFox Schiff LLP Benefits team to contact my health care provider with any questions pertaining to the responses on the ADA Medical Provider Questionnaire. I understand that my medical information will be kept confidential in accordance with applicable law and will be shared only on a "need to know" basis with individuals who have a direct role in the accommodation process.

I verify that the information submitted by me or my health care provider to substantiate my request for accommodation under the Americans with Disabilities Act (ADA) is true and accurate to the best of my knowledge. I further understand that any falsified information can lead to disciplinary action, up to and including termination.

I acknowledge that ArentFox Schiff LLP is not required to provide accommodations if doing so would create an undue hardship for ArentFox Schiff LLP.

Employee Signature: _____ **Date:** _____

GINA Notification: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.