

# Requesting a Job Accommodation: Understanding the Process

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 without imposing an undue hardship.

ArentFox Schiff 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.

The below information will provide you with an understanding of the steps in the interactive process.

### Live well



Step 1

#### **Contact the Benefits Team**

To notify the Benefits Team, contact Trish Griffin at <a href="mailto:pgriffin@afslaw.com">pgriffin@afslaw.com</a> or 312.258.4542. Trish will then:

- discuss the interactive process;
- answer your questions;
- provide you with a copy of your position description and forms to be completed by you and your health care provider; and,
- work with you during the interactive process.



Step 2

### Review, Sign and Return the Employee Request Form

Please review, sign and return this form which includes authorizing release of necessary confidential medical information by your health care provider regarding your medical condition and accommodation request.

Return your signed form to Trish Griffin by the date indicated on the forms.

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### Step 3

## Provide the Health Care Questionnaire and Position Description to Your Health Care Provider

Your health care provider will be asked to provide medical opinion information relative to your request for an accommodation. The information provided will be considered confidential to the extent required by applicable law and will be used only to evaluate your request for accommodation.

The questionnaire will ask about the following items:

- Physical and/or mental impairments
- Major life activities and major bodily functions impacted by the impairment(s)
- Medical restrictions due to the impairment of and duration of the restrictions
- Ability to perform essential functions of your job
- Duration of not being able to perform essential functions of your job
- Suggestions for reasonable accommodation
- Risk of direct safety or health threat to you or others

Completed Health Care Provider Questionnaires should be returned to Trish Griffin by your health care provider. Please work with your provider to make sure that questionnaire is returned on or before the due date.





#### **Determination of Ability to Accommodate**

Once we have the completed forms from you and your health care provider, the Firm will review your request for reasonable accommodation and may seek clarification or additional information from your health care provider. Then, the Firm will determine if we can accommodate with an effective option (not necessarily your preferred option) without imposing an undue hardship on our operations.





### **Notification of Ability to Accommodate**

You will be advised in writing of the Firm's determination of whether your request for reasonable accommodation has been approved or denied. All determinations are based on the information and medical documentation that you and your health care provider submitted when you requested an ADA accommodation. Please remember that Firm can accommodate with an effective option (not necessarily your preferred option).

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