**ACCOMMODATION REQUEST FORM**

(**To be completed by Employee**)

*This accommodation request form is for Level II accommodation requests only. Please consult the* [*Requesting an Accommodation*](https://kpmgus.sharepoint.com/sites/US-OI-BUS-People/SitePages/RequestinganAccommodation.aspx) w*ebsite to determine whether your request requires completion of this form. You may complete this form electronically or may print and complete the form in pen.*

Level II Accommodation

To request a Level II accommodation, download the blank form to your desktop and close out the form on the website. The form is “protected,” allowing the convenience of tabbing to each field to input your information and checking the appropriate boxes using your “x” key or a mouse click. In addition, your health care provider must complete the Disability and Accommodation Worksheet section (below). After all forms are completed, submit them to [CORE](https://kpmg.service-now.com/esc) as follows:

1. Click on the [CORE](https://kpmg.service-now.com/esc) link.
2. Search for “HR Inquiry” in the search field under "How can we help you?"
3. Click the "Request" button on the HR Inquiry request option in the search results.
4. Answer the on-line questions and attach the completed Accommodations Request form by clicking on the “paper clip” icon at the bottom right of the inquiry form.
5. Click the "Submit" button to complete your request.

You will then be contacted by a People Relations Advisor to engage in an interactive accommodation process.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Prabha Bhat | Employee ID | *3098668* |
| Title | Sr. Engineer, Development | Office Phone Number |  |
| Department / Function | Ignition Tax Product | Office Location | Montvale |
| PML Name | Anusha Pramod | Today’s Date | 07/08/2024 |

1). Please select the type(s) of accommodation being requested:

Computer-related

Office furniture/ergonomic equipment

Telecommunication equipment

Work or Office Environment

Transportation/travel

Time off/flexible work time/schedule

Extension to current leave of absence

Other (please describe)

|  |
| --- |
| Working remotely for sometime because of health issues |

2). Describe in detail the accommodation you are requesting:

|  |
| --- |
| I would like to request working from home (NJ) for the length of 2 months. Will not be able to come into office in this time period. |

3). Describe how this accommodation would help you perform your job at KPMG:

|  |
| --- |
| Because of my current health issues, I can not drive. Avoiding commute to office and working from home will be an ideal work environment for me now until I recover. |

4). Identify the expected duration of the accommodation you are requesting:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Less than one month |  | 6-12 months |
|  | Between 1-3 months |  | Longer than 12 months |
|  | 3-6 months |  |  |

By checking this box, I certify that the information I have provided on this form is true and accurate.

DISABILITY AND ACCOMMODATION WORKSHEET

(To Be Completed by the Health Care Provider)

## Instructions to health care provider: Please answer each question below as fully and completely as possible. All of the following information is needed so that KPMG LLP (“KPMG”) may completely assess its obligations under the law. You should have a discussion with the employee about their position and/or request to review the employee job description to determine essential job duties and complete this form. KPMG may request additional information, as needed. Please return this completed form to the employee, or to KPMG directly using one of the following: email - [bkrhrscloa@kpmg.com](mailto:bkrhrscloa@kpmg.com), fax number - 1-214-292-8733.

Employee/Patient Name (who is referred to in this worksheet as the employee): Prabha Bhat

Please see the attached Guidelines for Evaluating Impairments for the definitions of “physical and mental impairments,” “limits” and “major life activities.”

* 1. Does the employee have a physical or mental impairment?

Yes  No

If the answer is “No,” No further information is required.

* 1. Does it limit one or more major life activities?

Yes  No

If the answer is “YES,” please identify eachmajor life activitythat is limitedby the employee’s physical or mental condition.

(1) Heavy weight lifting, too much driving, rigorous exercises (2) (3) (4)

* 1. How are these major life activities limited by the impairment?

Can not sit for too long

* 1. Is the condition short-term (90 days or less) or long-term?

Short-Term  Long-Term

* 1. If long term, are you able to reasonably predict how long the condition will last? If so, please provide that information below.

Around 4 months

* 1. In their current condition, can the employee perform the essential functions of their position/job?

Yes  No

If the answer is “yes,” skip to Question J.

* 1. If “no”, please identify all essential functions that the employee cannot perform.

(1) Travelling to work

(2)

(3)

(4)

* 1. Can the employee perform the essential functions of the position with an accommodation provided by KPMG? Examples of potential accommodations include job restructuring (to eliminate non-essential functions), modified work schedule, reduced work week hours, reduction in travel requirements, extended work from home/remote schedule, modification of work tools or equipment, reassignment of work responsibilities, intermittent leave time to allow for doctor’s appointments and /or “down time” to manage issues, modification of firm policies, leave of absence, (complete (1) below), provision of qualified readers or interpreters, among other things.

Yes  No

**If the answer is “no,” no further information is required. Please sign the form and submit.**

**(**1) If a leave of absence is the requested accommodation, please estimate, if you can, a return date or how long of a leave the employee would need prior to the employee being able to return to work with or without another accommodation. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. Please identify accommodations that you believe may enable the employee to perform the essential functions of the job. If there is more than one accommodation that may be appropriate, please list all accommodations. KPMG will make the determination of whether an accommodation is “reasonable.”

(1) Reduce driving (Working remotely)

(2)

(3)

(4)

**Attach more pages if necessary.**

* 1. In working in their position, does the employee pose a direct threat to the health and safety of others as a result of their medical condition? To establish a “direct threat,” (1) there must be a *significant risk* of substantial harm, (2) there must be a *specific risk* that can be identified, (3) the risk must be *current*, and (4) the assessment of the risk must be based on *objective* medical or other factual *evidence*.

Yes  No

If the answer is “no,” skip to Question L.

* 1. If “yes”, please identify all accommodations that may be provided that will reduce the threat of harm to an acceptable level.

(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach more pages if necessary.**

* 1. If “yes”, in working in their position, does the employee pose a direct threat to the health and safety of themselves as a result of their medical condition?

Yes  No

If the answer is “no,” no further information is required.

* 1. If “yes”, please identify all accommodations that may be provided that will reduce the threat of harm to the employee to an acceptable level.

(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach more pages if necessary.**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
**[signature of health care provider]  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[print name]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[address]**

**PLEASE NOTE - INFORMATION NOT REQUESTED**

The Genetic Information Nondiscrimination Act of 2008 (GINA) and similar state law 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.

**Guidelines for Evaluating Impairments**

**An impairment includes:**

* Any physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, immunological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine [a “physical” impairment];
* Any mental or psychological disorder or condition, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities [a “mental” impairment]; or
* Any other health impairment that requires special education or related services.

Whether an impairment exists should be assessed based on the status and nature of the impairment before any mitigation, such as medication, an artificial limb or other assistive devices that mitigate the impact of the impairment on the person’s life, unless the mitigating measure itself limits a major life activity.

An impairment is not:

* A physical characteristic such as eye color, left-handedness, or height/weight within normal range;
* A personality or character trait such as irritability, chronic lateness, poor judgment or stress;
* An environmental, cultural, or economic disadvantage such as a lack of education or a prison record

An impairment rises to the level of disability if itlimits a major life activity, as compared to the ability of the average person in the general population to perform that activity.

Examples of **major life activities** are set forth in the following non-exhaustive lists:

|  |  |  |  |
| --- | --- | --- | --- |
| Activities | | Bodily Functions | |
| Caring for oneself | Performing manual tasks | Immune system | Special sense organs & skin |
| Seeing | Hearing | Normal cell growth | Digestive |
| Eating | Sleeping | Genitourinary | Bowel |
| Walking | Standing | Bladder | Neurological |
| Sitting | Reaching | Brain | Respiratory |
| Lifting | Bending | Circulatory | Cardiovascular |
| Speaking | Breathing | Endocrine | Hemic |
| Learning | Reading | Lymphatic | Musculoskeletal |
| Concentrating | Thinking | Reproductive |  |
| Communicating | Interacting with Others |  |  |
| Working |  |  |  |

**“Limits”** means making achievement of a major life activity more difficult as compared to the performance of the same major life activity by most people in the general population. Factors to consider include the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity or for which the individual can perform the major life activity. Consideration of facts such as condition, manner or duration may include, among other things, the difficulty, effort or time required to perform a major life activity; pain experienced when performing a major life activity; the length of time a major life activity can be performed; and/or the way an impairment affects the operation of a major bodily function. Negative side effects of medication or burdens associate with following a particular treatment regime may also be considered