

Request for reasonable accommodation

For employees or job applicants



600 NE Grand Ave.
Portland, OR 97232-2736

Purpose

Employees and job applicants should use this form to request reasonable accommodations needed due to a medical condition that may qualify as a disability.

About reasonable accommodations

A reasonable accommodation is any change or adjustment to a job or work environment that permits a qualified applicant or employee with a qualified disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities, and does not impose an undue hardship on the employer or present a direct safety threat to themselves or to others. Each employee's situation is unique and accommodations are determined on a case-by-case basis.

Under the Americans with Disabilities Act (ADA), when an individual qualifies for reasonable accommodation, the employer is free to choose among effective accommodations and may choose one that is less expensive or easier to provide. A medical examination may be required to determine if an individual has a disability covered by the ADA and is entitled to an accommodation, and, if so, to help identify an effective accommodation.

Instructions

Form to be completed by employee or applicant. If the question is not applicable or the answer is not known leave blank. Completed forms can be sent to by email to Metro Human Resources at benefits.help@oregonmetro.gov.

A member of the Human Resources team will contact you when they have received the form and provide additional information which may include a request for documentation or a meeting time to discuss accommodation options that may be available.

Questions?

If you need help completing this form or have questions, contact Metro Human Resources at benefits.help@oregonmetro.gov or 503-797-1570.

Confidentiality

Information submitted in this form is kept confidential to the extent possible under Metro policies and law, and will only be shared on a need to know basis to meet review and decision requirements or as required by law.

Form begins on next page.

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General information

Employee or applicant name	
Department	
Job title, position or classification	
Supervisor name	
Phone number	
Email address	

Request for accommodations

1. I am requesting access and/or accommodation because: (Select one)
 - I am currently employed by Metro and need a reasonable accommodation.
 - The access and/or accommodation will allow me to participate in a Metro offered program, activity, or service. Activity name: _____
 - I am applying for employment. The access and/or accommodation requested will allow me to participate in the hiring process.
Position Title: _____
2. Briefly describe the primary limitation(s) you are experiencing in performing your job or participating in an exam/interview/training.

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3. What kind of access and/or accommodation are you requesting?

4. Describe how this accommodation will assist you to perform the essential functions of the job you have or for which you are applying.

5. Are you aware of any available resources to assist with your request? If known, include the names, addresses and phone numbers of vendors, product information, and approximate cost of any equipment requested.

6. Describe the setting for which the accommodation will be used.

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7. Please describe and/or provide any information and medical documentation that may support your access and/or accommodation request.

Verification and accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on Metro.

Employee/Applicant signature	
Print name	
Date	

If form is completed electronically and applicant is unable to complete a digital signature identity, the printed name on the signature line can serve as Employee's signature.

Learn about creating a Digital ID [Adobe: Manage digital IDs](#)