



INSTRUCTIONS PETITION FOR ACCOMMODATION (For Employees with Disabilities)

New Mexico State University is dedicated to providing reasonable accommodation(s) to qualified NMSU employees in accordance with state and federal laws. Generally, it is the obligation of an individual with a disability to request a reasonable accommodation(s).

The information contained in the attached PETITION FOR ACCOMMODATION form (hereafter referred to as "PETITION") will be used to determine employee eligibility to receive accommodation(s). Although efforts will be made to provide an employee with accommodation(s) requested, there may be occasions when the accommodation(s) may be different (or may be denied). There may also be occasions when modifications (such as flexible work hours, changing lighting, etc.) may be arranged between the employee, supervisor and Human Resource Services Department without formal review by the ADA Review Committee. To ensure that such informal arrangements are consistently administered, the Office of Institutional Equity (hereafter referred to as "OIE") Director is to be consulted. The following steps outline procedures:

Step 1 Employee obtains instructions and PETITION from the Office of Institutional Equity (or Office of Institutional Equity website) and completes Section 1. The employee is responsible for sending the PETITION **(with a copy of job description for their position)** to an appropriate medical professional. (Note: It is important that "essential" functions be differentiated from "marginal" job functions. The Human Resource Services Department may be contacted to assist with the job description.)

Process: 1) The employee will submit a completed Section 1 to the Office of Institutional Equity.
2) The employee will enter their name and address onto Section 2 of the PETITION, attach a copy of their job description, and submit the form to their medical professional

Step 2 The medical professional completes Section 2 of the PETITION and returns the document and a copy of the employee's job description by mail or facsimile within ten (10) working days to Office of Institutional Equity to the address noted on the form. (Note: The employee may not hand carry the form from the medical professional.)

Step 3 The Employee and Management Services staff will either facilitate informal arrangements or convene the ADA Review Committee as soon as schedules permit. The ADA Review Committee will forward written recommendation(s) to the Human Resource Services Assistant Director within five (5) working days of the formal review meeting. The ADA Review Committee is generally comprised of a Human Resource Services representative, an NMSU psychologist/physician, and a faculty or staff representative.

Step 4 Within five (5) working days of receiving the ADA Review Committee's recommendation, the Human Resource Services Director (or designee) will issue a determination letter to the employee with copies to the supervisor and to the Office of Institutional Equity Director. If the request is denied, the employee may appeal the decision by submitting new/additional documentation to the Executive Vice President/Provost within five (5) working days of receiving the determination letter. The Executive Vice-President/Provost will issue a determination within (5) working days. This decision exhausts this process.

Step 5 Discrimination complaints may be filed with the Office of Institutional Equity in accordance with the complaint procedures contained in Chapter 4 of the New Mexico State University Policy Manual.

For additional information, contact Gerard Nevarez, Office of Institutional Equity Director:

Telephone	(575) 646-3635	Email:	equity@nmsu.edu
Fax	(575) 646-2182	TTY	(575) 646-7802



PETITION FOR ACCOMMODATION
(For Employees with Disabilities)

Section 1. Employee Information

(TO BE COMPLETED BY EMPLOYEE)

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Banner ID: _____

Employee Name: _____

Address: _____

(City)

(State)

(Zip Code)

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Department: _____

Position: _____

Classification: [] Faculty [] Staff [] Applicant [] Other: _____

Supervisor's Name: _____

Supervisor's Department: _____

Supervisor's Phone Number: _____

DEFINITIONS:

Disability: a physical or mental impairment that substantially limits one or more major life activities. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

Reasonable accommodation: any reasonable modification to the job or work environment to enable a qualified individual with a disability to perform the essential functions of the job.

Note: These definitions are provided only as a guide. Nothing in this form is intended to alter the legal definition of these terms or to impose obligations on New Mexico State University not required by law.

1.) Identify and describe the disability that is the basis for your request for reasonable accommodation(s): _____

2.) Which of the following major life activities does your disability impair?

- | | | | |
|--|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | |
| <input type="checkbox"/> Other: (describe) _____ | | | |

3.) Identify and describe the essential function(s) of the position that you are unable to perform without reasonable accommodations: _____

4.) What reasonable accommodation(s) do you need to perform the essential functions of your job?

- Time off for treatments Reassignment to a vacant position Rest Breaks: _____
- Assign non-essential duty to someone else: _____
- Modify work schedule: _____
- Equipment purchase: _____
- Modify existing equipment: _____
- Other: _____

AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING DISABILITY ACCOMMODATION(S):

I hereby authorize the following medical professional to release information requested on this form:

Name of Medical Professional: _____

By signing this form, I understand that: a) I may be requested to provide documentation annually, or as needed; b) my supervisor will be informed of my request for accommodation, unless extenuating circumstances warrant exception; and, c) I may be required to provide additional medical documentation from a specialist. If my condition is permanent and not subject to change, additional medical documentation may not be needed.

I authorize New Mexico State University officials (i.e., doctors, supervisor, Office of Institutional Equity Director, ADA Review Committee, Human Resource Services Director, Executive Vice-President/Provost, and Assistant Human Resource Services Director to verify, discuss, transmit, or release on a "need to know basis" the contents of this Petition with my medical provider. If approved, information regarding my disability and accommodations may be discussed with other individuals on a need-to-know basis only. If I am denied the accommodation, I may appeal the decision in writing within five (5) working days by providing additional or new information to the Executive Vice-President/Provost. If I believe I have been discriminated against, I may also file a post-decision internal discrimination complaint with the Office of Institutional Equity in accordance with NMSU complaint procedures.

I further understand that refusal to perform my duties and responsibilities may be grounds for termination, according to the New Mexico State University Policy Manual. I agree to provide a copy of my job description to my medical professional with essential job requirements noted by a Human Resource Services representative.

Employee Signature _____ Date _____

Section 2. Medical Professional Information

(TO BE COMPLETED BY PHYSICIAN, PSYCHOLOGIST, DIAGNOSTICIAN, OR OTHER MEDICAL PROFESSIONAL)

Employee Name: _____

Employee Address: _____

This is to advise that the employee identified has requested reasonable accommodation(s) to perform essential job functions at New Mexico State University. We would appreciate receiving sufficient information to determine if the employee is eligible to receive the requested accommodation(s) in accordance with state and federal laws **[see attached job description]**.

1. Diagnosis of condition or brief description of disability (For mental disability, reference diagnosis to DSM-IV): _____

2. Prognosis: The condition is: TEMPORARY PERMANENT

If temporary, define term: _____

If medication is required, is condition currently:

 Under control with medication Not under control with medication

If condition is not under control with medication, what are the symptoms? _____

3. If the employee is taking medication, are there any side effects from the medication which might affect work performance?

Yes No If yes, please describe: _____

4. When was the employee initially seen? _____ Currently under your care? Yes No

Month/Day/Year

5. What major life activities are impacted?

- | | | | |
|--|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | |
| <input type="checkbox"/> Other: (describe) _____ | | | |

6. Can the employee perform essential function on the job without threat to health/safety of:

a) Self: Yes No b) Others: Yes No If no, please explain: _____

7. Is the employee currently able to perform the essential job functions identified in the **attached job description** (or list of duties) **without accommodation(s)**? Yes No

If no, identify which function(s) and why: _____

Section 2. Medical Professional Information

(TO BE COMPLETED BY PHYSICIAN, PSYCHOLOGIST, DIAGNOSTICIAN, OR OTHER MEDICAL PROFESSIONAL)

8. Is the employee currently able to perform the essential job functions identified in the **attached job description** (or list of duties) **with accommodation(s)**? Yes No

If no, identify which function(s) and why: _____

9. Does the condition or treatment prevent the employee from meeting the full attendance requirements of the job? No Yes

If the answer is yes, please describe frequency and duration: _____

10. What are typical accommodations for this type of condition? (i.e., rest breaks, lifting, driving, modifying equipment, lighting, etc.) _____

11. Is restructuring of work hours needed?

Yes Explain: _____

No

12. For what period of time are reasonable accommodations needed?

Weeks: _____ Months: _____ Years: _____ Permanent: _____

13. Special instructions for handling emergencies: _____

Medical Professional Signature: _____ Date: _____

Printed Name: _____

Degree/Specialty: _____

Office Phone: _____

Address: _____

Street

City

State

Zip

INSTRUCTIONS FOR DOCTOR

Please mail to: New Mexico State University, Office of Institutional Equity, MSC 3515, P.O. Box 30001, Las Cruces, NM 88003-8001, or fax to: (575) 646-2182.