

## Outline for the Interactive Process under the Americans with Disabilities Act Amendments Act (ADAAA)

- When an individual decides to request an accommodation, the individual or his/her representative must let the employer know that he needs an adjustment or change at work for reasons related to a medical condition. The individual does not have to specifically mention ADAAA or use the phrase "reasonable accommodation" to trigger the interactive process. Requests for reasonable accommodations do not have to be in writing. An employer may ask the individual to complete the sample Request for Information, but may not deny a request because the form was not completed.
- The employer and the individual should engage in informal process to clarify what the individual needs and identify the appropriate reasonable accommodation. This will vary depending on the disability and the type of accommodation.
- If the disability and/or the need for accommodation is not obvious, the employer may request additional medical information. Employers may use the sample Request for Information from a Medical Provider and Limited Release for Medical Information.
- The employer evaluates information received from the individual's health care provider to determine if the individual has a disability as defined by the ADAAA that triggers the employer's obligation to provide a reasonable accommodation.
- The employer shares information received from health care provider with individual.
- If the employer determines that the individual does not have a disability within the meaning of the ADAAA, the employer communicates that decision and informs the individual that the employer will not grant the individual's request.
- If the employee does have a disability as defined by the ADAAA; the employer and the individual meet to discuss the accommodation request in light of the information from the health care provider.
- If necessary, the employer solicits from the individual possible alternative accommodations.
- The employer evaluates the requested accommodation and/or possible alternative accommodations and determines the appropriate accommodation to individual's request.
- Employer communicates the decision about the accommodation request to the individual.

REQUEST FOR REASONABLE ACCOMMODATION

CONFIDENTIAL MEMORANDUM

Date of Request: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Title: \_\_\_\_\_

Division or Work Station: \_\_\_\_\_

Employee's Work Phone: \_\_\_\_\_

What limitation, impairment or condition is interfering with your ability to perform your job? Describe the nature, severity, and duration of the impairment.

Describe the job function(s) you are having difficulty performing because of the impairment, and the extent to which the impairment limits that activity.

What is the accommodation you are requesting? Please be as specific as possible.

Please provide any additional information you believe is necessary to evaluate your request.

I understand that this request does not entitle me the accommodation which I am seeking, but will be helpful in determining the accommodation which best assists me and my employer. I understand that I may be required to provide additional medical documentation about my impairment and the requested accommodation(s). I further understand that my employer will maintain and use this information solely in the evaluation of this request.

\_\_\_\_\_  
Employee Signature

## GUIDANCE FOR REASONABLE ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT AMENDMENTS ACT (ADAAA)<sup>1</sup>

The State of Tennessee is firmly committed to the principle of fair and equal employment opportunities for its citizens and strives to protect the rights and opportunities of all people who seek, obtain, and hold employment without being subjected to illegal discrimination or harassment in the workplace. In maintaining this commitment, it is the State of Tennessee's guiding principle to reasonably accommodate qualified individuals with disabilities to the best of its ability. Under the Americans with Disabilities Act Amendments Act (ADAAA), reasonable accommodations will be provided to qualified individuals with disabilities when such accommodations are necessary to enable the employee to perform the essential functions of the job or to enjoy the equal benefits and privileges of employment. This principle applies to all applicants for employment and all employees.

### DEFINITION OF DISABILITY

The term disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of an individual. Major life activities, as defined under the ADAAA, include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Other activities may include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions. A qualified person with a disability means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the job.

### ESSENTIAL JOB FUNCTIONS

For each position, the job specifications typically will identify essential job functions. Each agency shall periodically review the job descriptions and evaluate functions designated as essential. Please note that essential functions may vary by agency depending on current needs and/or assignments. If there are questions about the job requirements, please contact the agency supervisor, manager or agency ADAAA Coordinator.

### REASONABLE ACCOMMODATION

A reasonable accommodation is any change or adjustments to the job application process, work environment, or work processes that would make it possible for the individual with a disability to perform the essential functions of the job. The State will seek to provide a reasonable accommodation at the request of an individual with a disability.

### REQUESTING A REASONABLE ACCOMMODATION

When an individual decides to request an accommodation, the individual or his/her representative must let the employer know that s/he needs an adjustment or change at work for reasons related to a medical condition. The individual does not have to specifically mention ADAAA or use the phrase "reasonable accommodation" to trigger the interactive process. Requests for reasonable accommodations do not have to be in writing. An employer may ask the individual to complete the sample Request for Information, but may not deny a request because the form was not completed.

If the disability and/or the need for accommodation is not obvious, the agency may request additional medical information. Agencies may use the sample Request for Information from a Medical Provider and

<sup>1</sup> While the State of Tennessee is committed to the principles embodied in this guidance, this document itself is not intended to state contractual terms and does not constitute a contract between the State and its employees, applicants for employment, or parties who do business with the State.

Limited Release for Medical Information. The following safe harbor language should be included on a number of documents that employers use to request health-related information from employees or their health care providers, including medical certifications to support an employee's absence or a request for an ADA accommodation:

The Genetic 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.

Once medical documentation is received, the agency will work with the employee to identify possible reasonable accommodations and assess the effectiveness of each in allowing the employee to perform the essential functions of the job. This interactive process will allow the agency and employee to agree on a reasonable accommodation.<sup>2</sup> A request for a reasonable accommodation may be denied if it would create an undue hardship on the agency.

#### **CONFIDENTIALITY**

All information obtained during the interactive process will be treated as confidential, maintained in separate medical files and disclosed only as permitted by law.

#### **COMPLAINT PROCEDURE**

It is the State's policy to prohibit any discrimination or harassment because a disability or because an employee has requested a reasonable accommodation. Please refer to Policy 12-008 for information on how to report harassment incidents.

---

<sup>2</sup> Nothing in this guidance entitles an individual to a specific accommodation.

CONFIDENTIAL MEMORANDUM

TO: (identify health care professional)  
FROM: (name of employee)  
DATE:  
SUBJECT: LIMITED RELEASE ALLOWING REQUEST(S) FOR MEDICAL INFORMATION

I am an employee of *(insert agency name)* and have requested that my employer provide me with a reasonable accommodation under the Americans with Disabilities Act Amendments Act (ADAAA) for an impairment for which you are treating me. In order for my employer to make appropriate decisions regarding the need for a reasonable accommodation, I hereby authorize you to release information regarding the impairment for which I am requesting accommodation to *(identify name and title of person requesting information, usually the human resources officer)*. I request that this information be provided directly to my employer within ten (10) working days of your receipt of this request. Medical information submitted in response to this request should be sent to *(insert name and address of person receiving information)*.

---

Employee's Signature

The Genetic 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.

## REQUEST FOR INFORMATION FROM MEDICAL PROVIDER

Please return this Request for Information to: *(insert recipient's name and complete mailing address of the agency)*

This Request for Information must be received by the above named individual no later than: *(agency should provide a reasonable period of time for response, 30 days in most cases)*

Should the space provided for any response be insufficient, please complete the response on an attached page.

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

Yes

No

2. What is the impairment?

3. What is the expected duration of the impairment?

Permanent

Temporary

Chronic

Episodic

4. Please describe the nature, severity and anticipated duration of the impairment. Include schedule of visits or treatment if it is medically necessary for the employee to be away from work on an intermittent basis or it is otherwise necessary to adjust his/her normal work schedule for treatment or office visits. The normal work schedule for this employee is \_\_\_\_\_.

5. Please describe major life activity or activities that the condition limits. Include restrictions with regard to activities that include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Other activities may include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

6. Does the impairment substantially limit one or more major life activity as described above?

Yes

No

7. Attached, you will find a description of the employee's job that contains a list of essential functions. Based on your knowledge of the restrictions associated with the patient's impairment, please state the extent to which the condition limits the patient's ability to perform the described essential functions of this job.

8. Do you have any suggestions for possible accommodations that will enable the employee to perform the essential functions of the job?

9. How would your suggested accommodation(s) enable the employee to perform the essential functions of the job?

I hereby certify that the above information is true and correct and that the information in provided is objective medical information relative to the impairment for which this patient is requesting accommodation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Care Professional

\_\_\_\_\_  
Printed Name of Health Care Professional

\_\_\_\_\_  
Title

**SAMPLE**



I hereby certify that the above information is true and correct and that the information in provided is objective medical information relative to the impairment for which this patient is requesting accommodation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Care Professional

\_\_\_\_\_  
Printed Name of Health Care Professional

\_\_\_\_\_  
Title

**SAMPLE**



ACKNOWLEDGMENT OF RECEIPT OF AMERICANS WITH DISABILITIES ACT  
ADMENTS ACT (ADAAA)

I have received a copy of the Guidance for Reasonable Accommodation under the Americans with Disabilities Act Amendments Act (ADAAA) on the date listed below. I understand that I am expected to read the information; additionally, I have signed this Acknowledgment of Receipt.

For additional information regarding the ADAAA, I should contact Evelyn Gaines Guzmán at 615-253-133, by email at [evelyn.gaines.guzman@tn.gov](mailto:evelyn.gaines.guzman@tn.gov) or in her absence, Fred Gaston at 615-253-6290, by email at [fred.gaston@tn.gov](mailto:fred.gaston@tn.gov).

I understand that this form will be retained in my personnel file.

---

Please print your name

---

Signature of Employee

Date

