KENT STATE UNIVERSITY  
Office of Compliance, Equal Opportunity and Affirmative Action  

Employee Requests for Disability-Related Accommodations  

INTERNAL PROCEDURAL GUIDELINES  

I. To apply for authorization of a workplace accommodation, employees may pick up an application packet at the Office of Compliance, Equal Opportunity and Affirmative Action (EO/AA).  

II. The packet provides information about the position description required and, forms which must be completed and submitted to the Office Compliance, Equal Opportunity and Affirmative Action:  

A. The Documentation of Disability form, which must be completed by a qualified practitioner and returned directly to the Office of Compliance, Equal Opportunity and Affirmative Action.  

B. The General Accommodation Information form.  

C. The Authorization of Fund Expenditure form, which is required if reimbursement is desired by the employee’s department.  

III. Upon receipt, the completed application packed will be reviewed by EO/AA. If it is approved, a recommendation will be sent to the Vice President of Human Resources for authorization.  

IV. The authorization will be returned to EO/AA. The applicant and his or her supervisor will be notified. If reimbursement has been approved, EO/AA will ask the Department to provide a receipt or a University Purchase Order containing the Object Codes of item(s) to be purchased, and the number of the Departmental Account to be reimbursed.  

V. When the receipt or Purchase Order is received by EO/AA, the Reimbursement Authorization will be sent to the Human Resources Budget Officer.  

VI. The Human Resource Budget Officer will review and forward it to the Director of the University Budget, who will authorize and coordinate the reimbursement as an Inter-departmental Charge (IDC).
APPLICATION INSTRUCTIONS

I. To apply for authorization of a workplace accommodation, employees must submit all of the following:

A. The Documentation of Disability form (enclosed) which **MUST** be completed and signed by a qualified professional, e.g., doctor, psychologist, etc. The applicant must give this professional the job description information described in #3 below with the Documentation of Disability form, so that the practitioner will have the information he or she needs to respond to the form;

B. The General Accommodation Information form (enclosed) completed and signed by the employee; and,

C. Position description information consisting of:

1. The Classification Specification of your position. This may be printed from the “Compensation” section of “Human Resource Services and Solutions” under “Faculty and Staff” at the Kent State University web site: www.kent.edu/hr/eoaa

    - OR -

2. If the employee is a Faculty Member, Instructor, Graduate Assistant, Teaching Assistant, or Student Employee, he or she must submit a detailed Position Description which lists all requirements of position and verified by the signature of the employee’s supervisor.

II. The employee’s department may submit an Authorization of Fund Expenditure form (enclosed) to apply for reimbursement of the cost of an authorized employee accommodation.

NOTE: The **SIGNATURES** of a qualified professional, an applicant, and a supervisor are **REQUIRED** where indicated throughout the application packet.
KENT STATE UNIVERSITY
Office of Compliance, Equal Opportunity and Affirmative Action

DOCUMENTATION OF DISABILITY (page 1 of 2)
-- TO BE COMPLETED BY QUALIFIED PROFESSIONAL --

IMPORTANT: ENCLOSE A JOB DESCRIPTION/CLASSIFICATION SPECS. FOR PROVIDER!!

The Office of Compliance, Equal Opportunity and Affirmative Action requires the following information to process a request for an accommodation for Kent State University Employee:

Please review the Job Description or Classification Specification enclosed and complete this form to facilitate our resolution of this request.

____________________________________
Doctor/Professional Provider Name and Title

____________________________________
Doctor/Professional Provider Address

____________________________________
Doctor/Provider Telephone Number

1. Professional Diagnosis: __________________________________________________________

2. I have reviewed the description provided and believe the employee is likely to have difficulty with the following tasks due to his or her condition:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

3. He or she may require accommodations to perform the following tasks (please explain):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
4. He or she is currently able to safely tolerate the pace expected at work. If NO, please explain:

__________________________________________________________________________________

5. He or she is currently able to safely tolerate the work environment i.e., temperatures, air quality, noise, stress, etc. If NO, please explain:

__________________________________________________________________________________

6. He or she is currently able to perform the tasks described without posing a threat to the health and safety of themselves or others. If NO, please explain.

__________________________________________________________________________________

7. His or her symptoms are expected to last for a very long time. If NO, please explain:

__________________________________________________________________________________

8. I am aware of accommodations which may enable this employee to effectively perform the tasks of the job as described. If YES, please explain:

__________________________________________________________________________________

This information will be kept confidential. If you have any questions please contact the Office of Compliance, Equal Opportunity and Affirmative Action at (330) 672-2038/Fax (330) 672-4698. Thank you for your assistance.

Return To: Office of Compliance, Equal Opportunity and Affirmative Action
Human Resources- Heer Hall
635 Loop Road
Kent State University
GENERAL ACCOMODATION INFORMATION

1. What prompted a request for accommodation at this time?  
[Ex., Mr. Smith is new to this position…; or, Mr. Jones recently experienced an injury…] (Continue on back of the page is needed.)

2. What accommodation is being requested?  [Ex., voice recognition software…]

3. What specific, disability-related limitation will be accommodated?  
[Ex., Ms. Lee is unable to hear students; or, Mr. Step cannot sit for a full hour…]

4. What job task will the accommodation enable the employee to perform?  
[Ex., The chair will enable Mr. Trent to tolerate the required hours of sitting…]
5. Approximately how often will the accommodation be used - - monthly, weekly, daily? If daily, about what percentage of a typical day will it be used? [Ex., The adjustable chair will be used about 75% of each workday.]

__________________________________________________________________________________

__________________________________________________________________________________

6. What is the approximate cost of the accommodation - - if known. [Ex., $800.00]

__________________________________________________________________________________

__________________________________________________________________________________

7. Where can this item be purchased - - if known. [Ex., Chair World, Front St. in Kent, OH]

__________________________________________________________________________________

__________________________________________________________________________________

8. Additional Comments (optional):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________

Employee Signature __________________________ Date

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Human Resources- Heer Hall
635 Loop Road
Kent State University
Kent, OH 44242-0001
KENT STATE UNIVERSITY  
Office of Compliance, Equal Opportunity and Affirmative Action  

AUTHORIZATION OF FUND EXPENDITURE  

Employee Name  

Department or School  

Department Phone  

Department Address  

Account Number to be Reimbursed  

Requested Accommodation & Cost:  

Supervisor Name / Date – Please Print  

Supervisor Signature / Date  

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635 Loop Road  
Kent State University  
Kent, OH 44242-0001  

------------------------BELOW SECTION IS FOR OFFICE USE ONLY------------------------  

---EO/AA RECOMMENDATIONS---  

Recommend approval of accommodation request:  

YES ☐  NO ☐  N/A ☐  

Comments:  

Recommend reimbursement:  

YES ☐  NO ☐  N/A ☐  

Amount: $  

EO/AA Director Authorization:  

YES ☐  NO ☐  N/A ☐  

Signature:  

Date:  

Vice President of Human Resources Approval:  

YES ☐  NO ☐  

(If accommodation exceeds $5,000.00)  

Signature:  

Date:  

------------------------BUDGET OFFICER USE ONLY------------------------  

(If Applicable)  

Budget Officer, Human Resources:  

Date:  

Purchase Order(s)/Receipt(s) received:  

Date:  

Object Code(s) of purchase(s) if known:  

Account Number To Be Reimbursed:  

University Budget Director:  

Date:  

EO/AA 2/08/PG7