



## **ADAAA EMPLOYEE QUESTIONNAIRE**

**Employee Name:**

**Job Evaluated:**

**Date:**

### **BACKGROUND**

State and federal law prohibit employers from discriminating against individuals with disabilities and require employers, when needed, to provide reasonable accommodations to applicants and employees with disabilities who are qualified for a job so that they may perform the essential job duties of the position.

It is District policy to comply with all federal and state laws and regulations concerning the employment of persons with disabilities and not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. The District will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so causes an undue hardship or a direct threat to these individuals or others in the workplace which cannot be eliminated by reasonable accommodation.

An employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. Examples of "major life activities," including caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

The determination of whether an impairment substantially limits a major life activity requires an individualized assessment. An impairment may be substantially limiting even if it does not prevent or severely restrict a major life activity. An impairment that is episodic or in remission may meet the definition of disability if it would substantially limit a major life activity when active.

1. Do you have a physical or mental impairment?    Yes                      No

2. If so, please state the type of impairment: \_\_\_\_\_

3. Does your impairment substantially limit any major life activities?            Yes                      No

4. If so, which major life activities are substantially limited? \_\_\_\_\_

\_\_\_\_\_

5. For each major life activity that is substantially limited by the impairment, please describe how you are restricted as to the condition, manner, or duration under which that activity can be performed as compared to the way in which an average person in the general population can perform that activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What is the expected duration of your impairment? \_\_\_\_\_

\_\_\_\_\_

7. Attached is a job description for the \_\_\_\_\_ position.

Please review the job description. Can you perform all job functions?                      Yes                      No

8. If not, which job functions cannot be performed, and why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please describe any reasonable accommodation that would allow you to be able to perform those job functions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. If medical leave is one of the possible accommodations listed above, please provide an estimated duration for the leave.

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11. Would performing any of the job functions listed result in a significant risk to the health, safety or well-being of you or other people (such as co-workers, students, member of the general public, etc.)?      Yes    No

12. If yes, please describe: Which job function(s) would pose such a threat:

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What safety or health threat could be posed by you performing those functions?

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Please identify any reasonable accommodations that would eliminate the direct safety or health threat or reduce it to an acceptable level:

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Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_