Delaware Department of Human Resources

REASONABLE ACCOMMODATION DETERMINATION FORM AMERICANS WITH DISABILITIES ACT[1] (ADA)- Statewide	
DHR-STW-Form #: DHR-STW-201.1-F2	**Authority: Americans with Disabilities Act of 2008 (ADA); 42 U.S.C. § 21G Pregnant Workers Fairness Act; 29 U.S.C. §218d PUMP for Nursing Mothers Act; 19 Del. C. §§ 710, 711, 716**
Effective Date: January 3, 2023	**Revision Date: December 1, 2023**
Supersedes: September 1, 2020	

Part 1: Employee Information

Employee Name: _____ Job Title: _____

Agency/Division:_____ Date: _____

Email Address: _____ Phone Number: _____

Part 2: Accommodation Request Details

1. Date and how the reasonable accommodation was requested:

2. Type(s) of reasonable accommodation(s) requested (e.g., adaptive equipment, staff assistant, removal of architectural barrier):

3. List date(s) of Interactive Dialogue meeting(s):

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[1] While pregnancy itself is not a disability under the ADA, some pregnant workers may have one or more impairments related to their pregnancy that qualify as a "disability" under the ADA.

4. If Reasonable Accommodation Procedures required an extension (longer than 15 business days), explain why?

5. Was medical information required to process this request? If yes, explain why. When was it requested? When was it received? How will selected/agreed upon reasonable accommodation assist the employee in performing the Essential Functions of the job?

6. Type(s) of reasonable accommodation and date provided:

7. Time frame for follow up with employee:

8. Additional Comments:

Part 3: Signature Section

Submitted by: _____

Email: _____ Phone Number: _____

Signature: _____ Date: _____

☐ By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.