Office of Institutional Equity/EEO
MSC 3515
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001
575-646-3635, fax: 575-646-2182
equity@nmsu.edu nmsu.edu/~eeo

INSTRUCTIONS FOR EMPLOYEE PETITION FOR ACCOMMODATION

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 as part of the interaction process to determine employee eligibility to receive accommodation(s). Although efforts will be made to provide an employee with reasonable 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 Office of Institutional Equity 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") 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 and/or Essential Job Function Questionnaire 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/or Essential Job Function Questionnaire, and submit the form to their medical professional.
Steps 2	The medical professional completes Section 2 of the PETITION and returns the document and/or by mail, email or facsimile within ten (10) working days to Office of Institutional Equity to the address or email noted on the form. (Note: The employee may not hand carry the form from the medical professional.)
Step 3	The OIE Staff will either facilitate informal arrangements or convene the ADA Review Committee as soon as schedules permit. In the event the Petition is referred to the ADA Review Committee it will forward written recommendation(s) to the OIE Associate Director (or designee) 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, an exempt/nonexempt staff representation and a faculty or staff representative.
Step 4	Within five (5) working days of receiving the ADA Review Committee's recommendation, the OIE Associate Director (or designee) will issue a determination letter to the employee with copies to the supervisor and to case file. If the request is denied, the employee may appeal the decision by submitting new/additional documentation to the Executive-Vice President/Provost (or designee) within five (5) working days of receiving the determination letter. The Executive Vice-President/Provost (or designee) 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 3.25 of the New Mexico State University Policy Manual.

For additional information contact the Office of Institutional Equity/EEO

Office Telephone: (575) 646-3635 **Fax: (575) 646-2182**

TTY: (575) 646-7802 **Email: equity@nmsu.edu**

NMSU reserves the right to consult an outside medical professional for a second opinion on a case-by-case basis. Only officials who have a "need to know" will have access to the information

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PETITION FOR ACCOMMODATION

Campus Location:
- ☐ **Alamogordo**
- ☐ **Carlsbad**
- ☐ **DACC**
- ☐ **Grants**
- ☐ **Las Cruces**

This form will assist with the gathering of information to facilitate the identification of an appropriate accommodation while you are employed with New Mexico State University.

SECTION 1:	**TO BE COMPLETED BY EMPLOYEE**	**Referred by :** ☐**Self** ☐**Other**

Employee Full Name: First, Last Name (Please Print)	**Aggie ID**

Current Mailing Address	**City**	**State**	**Zip Code**

Work Phone	**Home Phone**	**Cell Phone**	**E-Mail Address**

Department	**Position**

Classification	☐**Full Time**	☐**Part Time**

☐**Faculty** ☐**Staff** ☐**Applicant** ☐**Other**

Supervisor's Name	**Supervisor's Department**

Supervisor's Phone Number	**Supervisor's E-Mail Address**

DEFINITIONS: 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 mental or physical disability to perform the essential functions of the job.

Note: These definitions are provided only as 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?

☐**Bending**	☐**Breathing**	☐**Caring for self**	☐**Communicating**	☐**Concentrating**	
☐**Eating**	☐**Hearing**	☐**Interacting with others**	☐**Learning**	☐**Lifting**	☐**Reaching**
☐**Performing manual tasks**		☐**Reading**	☐**Seeing**	☐**Sitting**	☐**Sleeping**
☐**Speaking**	☐**Standing**	☐**Thinking**	☐**Toileting**	☐**Walking**	☐**Working**

Include Major Bodily Functions					
☐**Bladder**	☐**Bowel**	☐**Brain**	☐**Circulatory**	☐**Digestive**	☐**Endocrine**
☐**Functions of the immune system**			☐**Neurological**		☐**Normal cell growth**
☐**Reproductive**	☐**Respiratory**	☐**Other**			

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

4. Identify, if any, employment benefit you may be having difficulty accessing?

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

☐**Time off for treatments:**		☐**Rest breaks:**	
☐**Reassignment to a vacant position:**			
☐**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 and Executive Vice-President/Provost 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 (or designee). 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**

This document will be treated as a confidential medical record for purpose of confidentiality

SECTION 2:	Medical Professional Information (To be completed by Physician, Psychologist, Diagnostician or other medical professional)
Employee Full Name: First, Last Name (Please print)	**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 or Essential Job Functions Questionnaire]

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

2. When was the employee initially seen?		**Currently under your care?**	**☐Yes ☐No**
3. 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?

4. 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:	

5. What major life activities are impacted?

☐Bending	**☐Breathing**	**☐Caring for self**	**☐Communicating**	**☐Concentrating**	
☐Eating	**☐Hearing**	**☐Interacting with others**	**☐Learning**	**☐Lifting**	**☐Reaching**
☐Performing manual tasks		**☐Reading**	**☐Seeing**	**☐Sitting**	**☐Sleeping**
☐Speaking	**☐Standing**	**☐Thinking**	**☐Toileting**	**☐Walking**	**☐Working**

Include Major Bodily Functions:

☐Bladder	**☐Bowel**	**☐Brain**	**☐Circulatory**	**☐Digestive**	**☐Endocrine**
☐Functions of the immune system			**☐Neurological**	**☐Normal cell growth**	
☐Reproductive	**☐Respiratory**	**☐Other**			

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

a) Self	**☐Yes ☐ No**	**If no, please explain**
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 Essential Job Function Questionnaire (or list of duties)?			
With accommodation(s)	**☐Yes ☐No**	**If no, identify which function(s) and why:**	
Without accommodation(s)	**☐Yes ☐No**	**If no, identify which functions(s) and why:**	

8. Does the condition or treatment prevent the employee from meeting the full attendance requirements of the job?	**☐Yes ☐ No**
If yes, please describe frequency and duration:	

9. What are typical accommodations for this type of condition? (i.e., rest breaks, lifting, driving, modifying equipment, lighting, etc.)							
10. Is restructuring of work hours needed?	**☐ Yes ☐No**	**Explain:**					
11. For what period of time are reasonable accommodations needed?							
Weeks:		**Months:**		**Years:**		**Permanent:**	
12. Special instructions for handling emergencies							

The Genetic Information 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 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.

I certify that the information provided above is true and correct to the best of my knowledge.			
Medical Professional Signature:		**Date:**	
Print Name	**Degree, specialty, license number**		
Address	**City**	**State**	**Zip**
Office Telephone :		**Fax Telephone:**	

INSTRUCTIONS FOR MEDICAL PROFESSIONAL:

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