



Dannel P. Malloy  
Governor

State of Connecticut  
Department of Developmental Services

DDS

Jordan A. Scheff  
Commissioner

Peter Mason  
Deputy Commissioner

**To:** Employee Requesting a Reasonable Accommodation (RA)  
**From:** Teresa Gonzalez, RA Review Committee Chairperson  
**Re:** How to Request a Reasonable Accommodation (RA) under ADA and CT General Statutes

---

Enclosed please find the Request for Accommodation (RA) form. This form may be completed when requesting a reasonable accommodation in order to perform the essential functions of the job. Such request must have supporting medical documentation. This means that the employee has to provide information sufficient to show that they have a disability that impairs their ability to perform major life functions. Major life functions include but are not limited to: caring for oneself, walking, seeing, hearing, speaking, breathing, learning, working, and performing manual tasks.

The completion of the request for accommodation form should not be considered as an approval, but rather a document to initiate a review of your request. You will be notified of the decision in writing.

Please be advised that when an accommodation is granted, it will be exclusively for the employee's specific job assignment and work location at the time of the review. Approved accommodations may be subject to re-evaluation, for example, if there are changes in work assignments and/or work location, medical condition, and/or the essential functions of the job are impacted.

**For more information and to start the review and the interactive process,** please submit the completed Request Form, the Essential Job Functions Tool (describing the essential functions of your position assignment) completed by your supervisor and signed by your manager, and the Medical Provider Report to the ADA Unit located in 25 Creamery Rd, Cheshire, CT 06410, Fax#203-806-8802.

The Human Resources Manager or designee in the ADA Unit reviews the documentation and may consult with you, your supervisor, and/or manager regarding your need for reasonable accommodation. Your immediate manager and immediate supervisor will work with the Human Resources Manager or designee as to the reasonableness of the accommodation as part of the interactive process, and discuss operations impact, cost involved, and the possible accommodation that is most appropriate for both the employee and employer.

**REFERENCE:** Please refer to relevant definitions attached and to the DDS Manual, Section: Affirmative Action, Procedure No: II.F.PR.005 Reasonable Accommodation, for more information.

## **Definitions:**

1. Individual with a disability:
  - Has a physical or mental impairment that substantially limits one or more major life activities; or
  - Has a record or history of such an impairment; or
  - Is perceived or regarded as having such impairment.
  
2. A qualified individual with a disability:
  - Is able to perform the essential functions of a job, with or without reasonable accommodation.
  
3. "Reasonable Accommodation" means any modification or adjustment to the work environment, or circumstances under which a position is customarily performed, enabling a qualified individual with a disability to perform the essential functions of the position.
  - DDS will reasonably accommodate the known physical or mental limitation of an employee with a disability unless the accommodation would impose an undue hardship to the Department.
  
4. The Medical Provider Report is a medical statement certified by a medical professional which must define employee's disability, precise limitations imposed, and the expected frequency and duration of the disability.
  - Questions may be asked as to how this disability would substantially limit the employee's ability to perform the essential function(s) of their job, with or without a reasonable accommodation.