

Applicant Request for Reasonable Accommodation

It is the policy of the State of New Hampshire to comply with all State and federal laws concerning the employment of persons with disabilities so as not to discriminate against them, and to provide reasonable accommodations to qualified individuals with disabilities in all aspects of employment.

1. An individual with a disability, as described by the ADA, is a person who:
 - Has a physical or mental impairment that substantially limits a major life activity;
 - Has a record or history of a substantially limiting impairment, or
 - Is regarded or perceived as having a substantially limiting impairment.

2. For purposes of employment, a “qualified individual with a disability” is a person with a disability, as defined above, who also:
 - Meets the employer’s requirements for the job in question, including education, training, employment experience, skills, or licenses, and
 - Is able to perform the essential functions or fundamental duties of the job in question, with or without a reasonable accommodation.

3. If you are a qualified individual with a disability, and you believe that you will need some change or adjustment to one or more pre-employment activities to enable you to be considered for a job opening, you may request a reasonable accommodation. Reasonable accommodations available to qualified individuals with disabilities may include, but are not limited to:
 - Providing written materials in accessible formats;
 - Providing readers or sign language interpreters;
 - Conducting recruitment, interviews and tests in accessible locations;
 - Providing or modifying equipment or devices; or
 - Adjusting or modifying application policies and procedures as necessary.

4. Your request for a reasonable accommodation may be made orally or in writing. The employer reserves the right to memorialize any such request in written form for record-keeping and quality assurance.
5. Someone acting on your behalf such as a friend, family member, health professional, counselor, job coach or other representative can make your request for an accommodation.
6. To request an accommodation:
 - You, or someone acting on your behalf, must Inform the employer that you need some sort of change or adjustment to the application, interviewing and/or selection process because of your medical condition.
 - Unless your disability and the need for an accommodation are obvious, the employer may ask you for reasonable documentation from your physician, licensed healthcare practitioner, or other appropriate professional explaining the disability and why an accommodation is necessary.
 - Although you may request a specific accommodation, if more than one possible accommodation is available that will meet your needs, the employer can choose which accommodation to provide. If an accommodation that the employer proposes will not meet your needs, you will need to explain why.
 - The employer does not need to provide an accommodation if doing so would create an undue hardship.
7. If you wish to submit your request for a reasonable accommodation in writing, please complete the attached form and return it to your recruiter, HR Administrator, or ADA Coordinator.



STATE OF NEW HAMPSHIRE

REQUEST FOR REASONABLE ACCOMMODATION

If you are a qualified applicant for employment with a State agency or a current State employee seeking a reasonable accommodation under the provisions of the Americans with Disabilities Act, please complete this form (front and back) and return it to your recruiter, or to the HR Administrator or ADA Coordinator at the agency where the position is located.

Date: _____

Your name: _____

Please check the option below that applies to you:

_____ I am currently employed by the State of New Hampshire and need a reasonable accommodation in order to perform the essential functions of my job.

_____ I am applying for a position with the State of New Hampshire and need a reasonable accommodation in order to participate in the hiring process.

Title of the job or position: _____

Agency or Department where position is located: _____

Name of Supervisor, if known: _____

Please identify the impairment(s) that you believe are affecting your ability to perform your job duties or participate in the application and selection process.

Please describe the accommodation(s) you are requesting as well as any alternative accommodations.

Explain how the requested accommodation(s) will allow you to perform the essential functions of your job, or allow you to participate in the application and selection process:

Are there any essential functions of the job that you will be unable to perform, or aspects of the selection process you will be unable to complete, with or without the requested accommodation(s)? Please explain.

An individual's need for an accommodation may change over time as a result of changes in the individual's own level of disability or impairment, treatments available to mitigate a disability, changes in the job itself, or changes in work location. What qualifies as reasonable in one set of circumstances may not be reasonable or necessary in another. If and when circumstances change, it is your responsibility to notify your employer if you need, or continue to need, a reasonable accommodation.