



## Virginia Department of Juvenile Justice Employee Request for Reasonable Accommodation

This form is completed by an employee who is a reasonable workplace accommodation for performing essential job duties under the Americans with Disabilities Act (ADA) of 1990, as amended, Section 504, and/or Pregnant Worker's Fairness Act of 2024 accommodation(s).

Upon completion of the information below, please forward the form to DJJ's Human Resource – Employee Relations representative to [djjemployeerelations@djj.virginia.gov](mailto:djjemployeerelations@djj.virginia.gov) for review and approval. Please print or type in the requested information.

<b>Employee Name/Work Title</b>	
<b>Division</b>	
<b>Work Location</b>	
<b>Telephone Number</b>	
<b>Supervisor's Name/Work Title</b>	
<b>Date of Request</b>	

*DJJ is committed to providing reasonable accommodations, upon request, to qualified employees with disabilities to ensure equal access to its employment opportunities, benefits, programs, and services. This commitment complies with the Americans with Disabilities Act of 1990 (ADA), as amended, Section 504 of the Rehabilitation Act of 1973 (section 504), the Pregnant Worker's Fairness Act (PWFA) of 2024, and other applicable state and local laws and agency policy. An employee with a disability is defined as someone who has an impairment that substantially limits one or more major life activities, has a record of such an impairment, or experiences limitations related to pregnancy, childbirth, or related medical conditions. Accommodations will be provided unless doing so would cause undue hardship on the business's operations.*

*Your treating health care practitioner may be asked to submit additional clarifying information on the DJJ Healthcare Provider Information Certification Form as determined by Human Resources. Feel free to include any relevant attachments.*

Describe your physical or mental impairment(s)	
How do/does the impairment(s) interfere with your completion of essential job duties or your ability to participate in other privileges of employment?	



## Virginia Department of Juvenile Justice Employee Request for Reasonable Accommodation

What accommodation(s) are you requesting?	
How will the accommodation(s) assist you to complete your essential job duties?	

**Employee Certification:**

- My signature below certifies that the information I've provided is a truthful and accurate request for a reasonable job accommodation. I acknowledge that my treating health care practitioner may be required to complete the DJJ Healthcare Provider Information Certification Form as requested by Human Resources specific only to my request for job accommodation(s).
- This information will be reviewed by DJJ Human Resources and maintained in a confidential and secured location.
- Managers and supervisors may receive instructions related to the final determination on a need-to-know basis.

**Employee Signature:**

---

**Human Resource Acknowledgement of Receipt**

Employee Relations Consultant/Manager Name:

Date Received by Employee Relations:

Employee Relations Consultant Assigned:

## **Authorization for Release of Healthcare Information for Reasonable Job/Workplace Accommodation Request**

To support my recent request for reasonable workplace accommodation under the Americans with Disabilities Act (ADA), Section 504, and/or the Pregnancy Workers Fairness Act:

I, add your name , give the Virginia Department of Juvenile Justice (DJJ) Employee Relations professional permission to submit healthcare information request documentation to my medical/healthcare professional to verify my disability and the need for disability-related accommodations. Specifically, I authorize the following medical/healthcare professional(s):

**Name of medical/healthcare professional:**

**Name of medical/healthcare professional:**

To disclose to DJJ Employee Relations (including any person authorized by my employer to handle medical information for ADA purposes) information concerning my physical and/or mental condition that is necessary to establish that I have a disability as defined by the ADA and Section 504 and/or Pregnancy Workers Fairness Act, as well as to suggest appropriate reasonable accommodations. I also authorize DJJ Employee Relations to speak to the above-named medical/healthcare professional(s) directly regarding any questions they may have with respect to my physical and/or mental condition as it directly relates to my request for disability-related accommodations.

I understand the disability-related accommodation process is interactive, requires communication between the employer and employee, and requires my active participation as necessary to facilitate the approval and provision of reasonable accommodations.

I authorize the above disclosures and understand that my failure to permit these disclosures and/or participate in the interactive process may result in my request for reasonable accommodations being denied.

**Employee Name (print):**

**Employees Signature:**

**Date of signature:**

Submit this form to DJJ Employee Relations at [djjemployeerelations@djj.virginia.gov](mailto:djjemployeerelations@djj.virginia.gov).



## Virginia Department of Juvenile Justice Healthcare Provider Information Certification Form

Date:

Name of Employee Requesting an Accommodation:

The employee has requested a reasonable workplace accommodation under the Americans with Disabilities Act (ADA) of 1990 or the Pregnant Workers Fairness Act (PWFA) of 2024. This form should be completed by the healthcare provider who is most familiar with the employee's condition and its impact on their ability to perform their job. Based on your evaluation of the employee and a review of their essential job functions, please provide specific and detailed responses to the following questions:

### Healthcare Professional's Contact Information

Name (please print/stamp/type):

Office Name:

Mailing Address:

Phone Number:

Email Address:

Fax Number:

### Employee Work Profile (EWP) /Position Description:

Included/attached? Yes  No

### Summary of Essential Job Responsibilities:

### Employee's Essential Skills Required for position held:

Essential <input type="checkbox"/> Yes <input type="checkbox"/> No	Telework Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Care <input type="checkbox"/> Yes <input type="checkbox"/> No
Lifting <input type="checkbox"/> <20lbs <input type="checkbox"/> 20-50lbs <input type="checkbox"/> >50lbs	<input type="checkbox"/> Pushing/Pulling	<input type="checkbox"/> Standing
<input type="checkbox"/> Walking	<input type="checkbox"/> Bending	<input type="checkbox"/> Reaching
<input type="checkbox"/> Sitting	<input type="checkbox"/> Climbing	<input type="checkbox"/> Hearing
<input type="checkbox"/> Analyzing	<input type="checkbox"/> Reasoning	<input type="checkbox"/> Communication Written/Oral
<input type="checkbox"/> Reading	<input type="checkbox"/> Multiple Stimuli	<input type="checkbox"/> Intense customer interaction
<input type="checkbox"/> Other		

*DJJ is committed to providing reasonable accommodations, upon request, to qualified employees with disabilities to ensure equal access to employment opportunities, benefits, programs, and services. This commitment complies with the*



## Virginia Department of Juvenile Justice Healthcare Provider Information Certification Form

Americans with Disabilities Act of 1990 (ADA), as amended, Section 504 of the Rehabilitation Act of 1973, the Pregnant Workers Fairness Act (PWFA) of 2024, and other applicable state and local laws and agency policies. An employee with a disability is defined as someone who has an impairment that substantially limits one or more major life activities, has a record of such an impairment, or experiences limitations related to pregnancy, childbirth, or related medical conditions. Accommodations will be provided unless doing so would cause undue hardship on the business's operations.

The Genetic Information Nondiscrimination Act of 2008 ("GINA") expands the genetic information nondiscrimination protections included in Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and prohibits employers and other entities covered by GINA from requesting or requiring genetic information of employees or their family members. To comply with this law, we request you not provide any genetic information when responding to this request for medical information. Genetic information does not include information about the sex or age of any individual.

### Questions regarding the Employee Requesting a Reasonable Workplace Accommodation

1. Does the employee currently have a physical or mental impairment? Yes  No
2. If yes, how will the employee's impairment likely to affect his/her ability to perform the essential job functions?
3. What is your prognosis as to the duration of the employee's condition?
4. Does the impairment substantially limit one or more major life activities? Yes  No
5. If yes, please check the major life activity or activities that are substantially limited:

<input type="checkbox"/> Bending	<input type="checkbox"/> Breathing	<input type="checkbox"/> Caring for Self	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Eating
<input type="checkbox"/> Hearing	<input type="checkbox"/> Interacting with Others	<input type="checkbox"/> Learning	<input type="checkbox"/> Lifting	<input type="checkbox"/> Reading
<input type="checkbox"/> Reaching	<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sitting	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Speaking	<input type="checkbox"/> Standing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Walking	<input type="checkbox"/> Working
<input type="checkbox"/> Other:				

6. Does the impairment substantially limit a major bodily function? Yes  No
7. If yes, please check the major bodily function or functions that are substantially limited:

<input type="checkbox"/> Bladder	<input type="checkbox"/> Bowel	<input type="checkbox"/> Brain	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Digestive	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Hemic	<input type="checkbox"/> Immune
<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Neurological	<input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Operation of an Organ
<input type="checkbox"/> Reproductive	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Special Sense Organs & Skin	<input type="checkbox"/> Other:	

8. Is the medical condition controlled with medication? Yes  No
9. What possible effects will the medication have in allowing the employee to perform his/her essential job functions?



## Virginia Department of Juvenile Justice Healthcare Provider Information Certification Form

10. Possible Accommodation(s): After reviewing the employee's Employee Work Profile (job description), what possible accommodation(s) do you suggest assisting the employee in performing the essential functions of his/her job?

Proposed Accommodation	Duration of Accommodation

### Healthcare Professional's Signature and Return Information

Healthcare Professional's Signature:

Date of Signature: