



Health Care Provider Request for Information

A request for an accommodation has been made by our employee or job applicant,

_____.

In order to engage in the interactive process and cooperative dialogue to determine what, if any, reasonable accommodations are available, we are requesting information based on your knowledge and care of the patient.

1. Does the employee or applicant have a physical or mental limitation that would impact the ability of this individual to perform the essential functions of the job or complete the job application?

Yes No (If **no**, please sign and return this document to FIT

If **yes**, please specifically describe the limitation:

2. Please review the attached job description. If no job description is attached, please discuss the position with the employee in order to fully understand the essential functions of the job.

Is the employee able to perform the essential job functions of this position with or without reasonable accommodation? If Yes, please continue to #3. If no, how long will the employee be unable to perform these job duties?

____ # of days ____ # of weeks ____ # of months permanently

3. What limitation(s) may interfere with the employee's job duties or applicant's ability to complete the job application? Please **specify** how the limitation(s) may interfere with the employee's ability to perform such function(s)?



Fashion Institute
of Technology

4. What, if any, specific adjustments to the work environment or position responsibilities would enable the employee or applicant to perform the essential functions of that position or complete the job application?

5. The employee's typical schedule is _____. What, if any, specific adjustments could be made to the employee's work schedule to enable the employee to perform the essential functions of that position?

6. How long will the employee or applicant need the reasonable accommodation? If unable to provide date, when will he or she be medically reevaluated?

7. Any additional comments:

Health Care Provider Name (Please Print)

Signature/Date

Please return this form to:

*Office of Human Resources, FIT 333 7th Avenue, 16th floor, New York, NY 10001
(212) 217-3650/Fax: 212-217-3651 or HumanResources1@fitnyc.edu*

9/27/2019