

5. Is/are your impairment(s) temporary or permanent? temporary permanent

If temporary, how long do you anticipate the impairment(s) will last? _____

6. What, if any, medical treatment do you receive for your impairment? _____

7. a. Does your treatment necessitate taking time off of work? yes no

b. If yes, how much time? _____ How often do you need to take off? _____

c. Are you currently on a reduced schedule or leave? yes no

d. If yes, what is your current work schedule and what type of leave are you using? _____

8. List the specific job duties affected by your impairment(s): _____

9. How frequently do you perform these duties? _____

10. Explain how your impairment(s) affect these duties: _____

11. What modifications to your job duties or work environment, including the use of a device or technology, do you believe would allow you to perform the above listed duties? Explain in detail such modifications, device or technology and how this modification would allow you to perform these duties.

12. Do you already have any modifications to your job duties or work environment? yes no

If yes, what are the modifications? _____

13. Have you communicated to a supervisor your impairment(s) and need for an accommodation before completing this questionnaire? yes no If yes,

a. Name the supervisor(s) with whom you have communicated? _____

b. When did you do so? _____

c. Did you communicate orally or in writing? _____

d. What was the response and was it oral or in writing? _____

14. If, because of your impairment(s) you do not believe that you can perform the duties of your current position, with or without an accommodation, is there any other job(s) in the City government that you believe you would be able to perform? yes no If so, what job(s)?

15. Is your impairment(s) the result of a work related accident? yes no

a. If yes, have you filed a worker's compensation claim? yes no

b. If so, is it resolved or pending? resolved pending

b. Have you been, or are you, on light duty as a result of the accident? yes no

c. If so, list the time period you were on the light duty. _____

d. Describe the restrictions applied for your light duty. _____

Completed by (print name): _____

Signature: _____ Date: _____