

Please complete the questions below. Please include on a separate sheet a chronology of your medical and disability-related issues as they relate to your employment.

Your Name: _____

The name of the employer you are filing against: _____

1. Describe your physical and/or mental condition which you believe is a disability. Provide a medical name, if known, as well as a general description of each disability, in non-medical terms.

2. Describe how your daily life, including your ability to work is affected by your physical/mental limitations: i.e. fine motor skills, mobility, vision, hearing, reasoning, thought process, interaction or communication with others, caring for oneself, ability to learn or adapt, manual labor restrictions, ability to sleep, etc.

3. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

4. When was the limitation(s) or disability first diagnosed?

5. How long has the limitation(s) or disability lasted or is expected to last?

6. Explain how the particular limitation affects your ability to perform your job in question.

7. Describe any restrictions placed on you by your physician or mental health care provider because of your disability.

8. If your physician recommended that you be placed on "light duty," what type of light duty did you do or could you have done for this employer?

9. How long did you or your physician expect you to be on light duty?

10. Because of your disability, did you need a leave of absence? If so for how long?

11. Because of your disability, did you need to take time off work, if so, for how long and for what reason?

12. Was your employer made aware of your limitations and/or disability that you identified in your response to the above questions? If so, describe who knew, when they knew, what you told them about your limitations and if they took any action in response to your limitations and/or disability.

13. Please describe your job duties:

14. Do (or did) you require a reasonable accommodation in order to perform the job in question? If yes, explain in detail.

A reasonable accommodation may mean modification to job duties, equipment modification, schedule change or reassignment to a vacant position.

15. Have you asked for a reasonable accommodation for your disability? (see above definition) If yes, describe the circumstances. Include dates, names, titles, and type of actions or responses.

16. Provide any names and phone numbers of witnesses to your requests for reasonable accommodation, denial to your request(s), or request(s) not being acted upon.

17. What major functions/parts of the job can you perform without a reasonable accommodation?

18. Have any co-workers or supervisors made negative comments concerning your disability? If so, provide their name(s), title(s), comments made, and date. Include witnesses to these comments, if any.

19. Do you believe that you were treated differently from other employees because of your disability? If so, how? And by whom?

20. Can you provide copies of written records regarding any request you made to your employer for reasonable accommodation and/or the denial of any reasonable accommodation?

21. Do you believe that you were treated differently by any other employees because of your disability? If so, how, when and by whom?

Please feel free to provide any additional information you may deem relevant to your disability case including documents.