

DISABILITY SERVICES

Box 70605 • Johnson City, Tennessee 37614-1708 • (423) 439-8346 (V/TDD) • (423) 439-8370 (TDD)

Employee Permission to Conduct Reasonable Accommodation Evaluation

I understand that as a part of the evaluation of my request for a reasonable accommodation, it may be necessary for the University ADA Coordinator to review my permanent employment file or to discuss disability-related information with my supervisor or other administrators.

I hereby grant permission for the University ADA Coordinator to review my **Human Resources permanent personnel file** to the extent necessary as a part of the reasonable accommodation evaluation process.

_____ (initial and date)

I hereby grant permission the University ADA Coordinator to discuss my request with **appropriate staff and authorized representatives** to the extent necessary to determine whether accommodation is necessary and to administer the accommodation process.

_____ (initial and date)

I understand that I have the following rights:

- to inspect or receive a copy of my personnel file
- to receive a copy of this signed authorization
- to refuse to sign this authorization.

_____ (initial and date)

This authorization is valid for the duration of my employment at ETSU. I understand that I may revoke this consent, in writing, at any time except to the extent that action has already been taken based on the original authorization.

Employee Signature

Date

Printed Name

ADA Coordinator Signature

Date