REquest for Medical exemption or accomodation

Woodgrain Inc. (“Company”) is committed to providing equal employment opportunities without regard to any protected status. Woodgrain creates a work environment that is free of unlawful harassment, discrimination, and retaliation. Woodgrain is committed to complying with all laws protecting individuals with disabilities or medical conditions. When appropriate, Woodgrain will provide an exemption or reasonable accommodation for any known medical condition or disability of a qualified individual. The requested accommodation should be reasonable and must not create an undue hardship for the Company and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

**To Request an Accommodation**

To request an Exemption/Accommodation related to any of the Company’s policies, please ensure the applicable parties complete each part of the form:

* Part 1 – Woodgrain employee
* Part 2 (the certification portion) – Licensed healthcare provider

Return all completed pages of the form to Human Resources. If an employee refuses to provide sufficient information to the committee, the employee’s refusal may impact the Company’s ability to adequately understand the employee’s request or to effectively engage in the interactive process to identify possible accommodations.

**Review Process**

The request will be reviewed by an accommodation committee comprised of human resources directors and operations managers. Woodgrain’s intent is to engage in an interactive process with the employee. The goals of the committee are to:

1. Determine whether the employee is eligible for such exemption/accommodation and, if so,
2. To determine the reasonable accommodations which can be provided. Accommodations should enable the employee to perform the essential functions of their position without posing a threat of harm to self or others.

**Part 1 – To Be Completed by Employee:**

**Name:**

**Date of Request:**

**Company Policy and/or Requirement:**

Don’t forget! Take a copy of the applicable company policy to your medical provider. He/She will need to read and understand the policy requirements to make an informed recommendation.

**Accommodation Request:**

Woodgrain cares about every one of its employees. Tell us about your specific situation. Suggest how the company may be able to accommodate your situation.

**Verification and Accuracy**

**I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.**

**I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.**

Signature:

Date:

Print Name:

**Part 2 – To be completed by Employee’s Medical Provider:**

Company Name: Woodgrain

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attention Medical Provider**:

The above-named employee is requesting an exemption from a company policy or requirement. Medical exemptions/accommodations will be considered if the employee provides a written certification by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician’s assistant (PA)], stating that the physical condition of the person or medical circumstances relating to the person are such that complying with the company policy is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances.

Please read through the company’s policy and requirements and complete the form below. Should you have any questions regarding the requirement, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Human Resources representative at Woodgrain. Thank you.

**Physician’s Statement:**

Should this person be considered for accommodations?

* Yes What restrictions and accommodations should be considered?
* No

Medical Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3 – To be completed by Human Resources Representative**

Date this Request Form Received in Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted?

* Yes
* No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Name of Human Resources Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Human Resources Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_