



Request ADA Accommodation

The following describes the process of submitting a request for an ADA Accommodation in Workday.

Visit the [Americans With Disabilities \(ADA\)](#) web page or contact the HR Benefits team (benefits@montclair.edu) for more information about accommodation at Montclair State University.

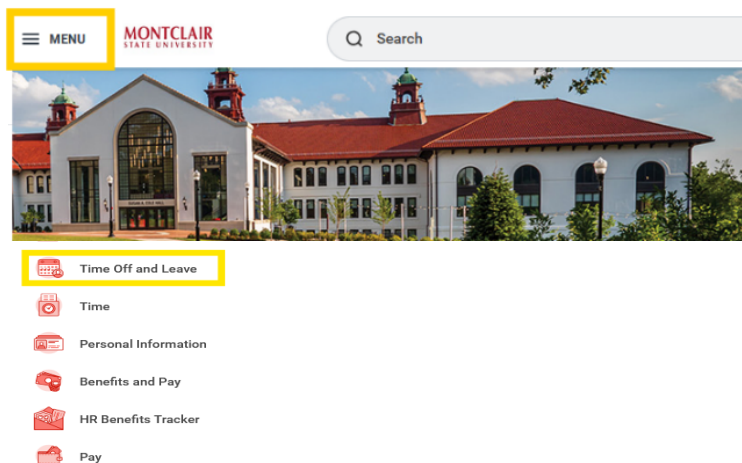
If you encounter any Workday errors during this process, contact Workday Customer Care (973-655- 5000 option 3 or WCCSupport@montclair.edu).

Workflow Steps

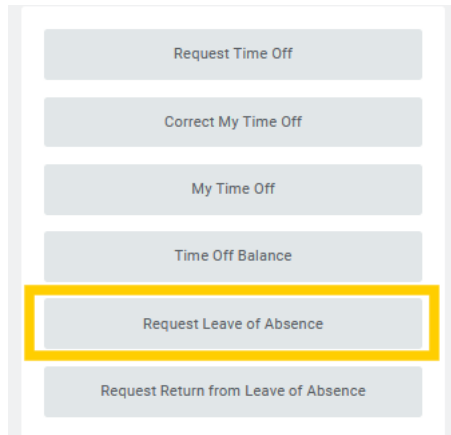
- 1) Employee submits ADA Accommodation Request
- 2) Employee is provided with the required paperwork based on request.
- 3) Employee submits completed paperwork via Workday.
- 4) HR Benefits reviews documentation and process requests.

Instructions

- 1) From the **main menu** on your Workday homepage click on the **Time off and Leave worklet**



2) Select **Request Leave of Absence**



Request Time Off

Correct My Time Off

My Time Off

Time Off Balance

Request Leave of Absence

Request Return from Leave of Absence

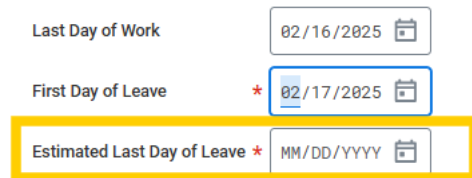
3) Enter current date



Last Day of Work

First Day of Leave *

4) Enter the estimated last day of request. This date can be adjusted, if needed.

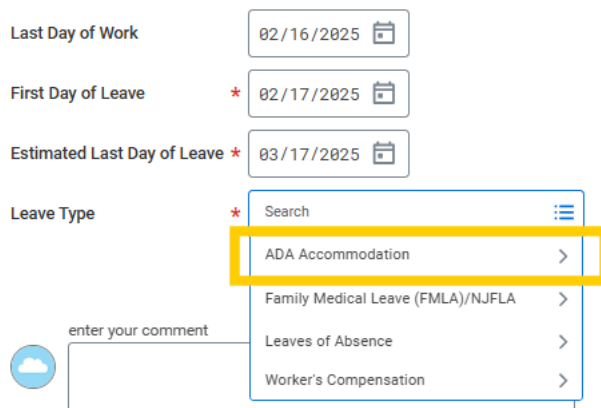


Last Day of Work

First Day of Leave *

Estimated Last Day of Leave *

5) From the drop-down menu, select **ADA accommodation**



Last Day of Work


First Day of Leave *

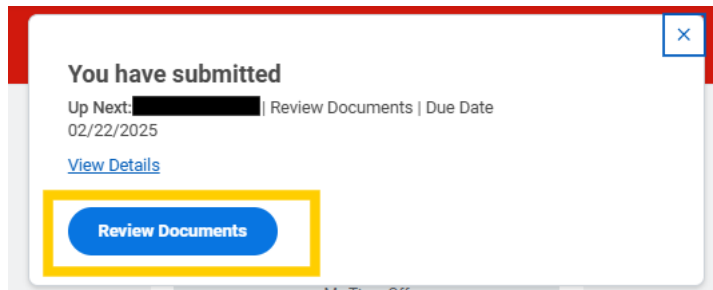
Estimated Last Day of Leave *

Leave Type *


- ADA Accommodation**
- Family Medical Leave (FMLA)/NJFLA
- Leaves of Absence
- Worker's Compensation

enter your comment


- 6) Select **Submit** at the bottom of the page. Comments and attachments are optional.
- 7) From the pop up, click **Review Documents**. If you need to come back to this step later it will be in your tasks  (top right).



- 8) Download and/or print the required **ADA Accommodation Form** to be provided to your treating physician. The completed form can be submitted via drop box below.

Review Documents Review Documents for Leave Request: 

Documents

Document  **ADA Accommodation Form**

Instructions *Your treating physician is required to review your job description and complete the ADA accommodation questionnaire. **Approval of your request is contingent upon receipt of the questionnaire which must be returned within 15 calendar days.** Failure to provide the required may result in a delay or denial of your request.*

If you do not have access to your current job description please contact hr-benefits@montclair.edu

Drop file here

or

Select files

- 9) Once the completed form has been attached, click **Submit**.
- 10) The next page is a confirmation of your submission.