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## **MDMR STATEMENT REGARDING DISABILITY ACCOMMODATIONS POLICY AND REQUEST FORM**

### **Commitment to Equal Employment Opportunities**

The MDMR complies with the Americans with Disabilities Act (ADA), as amended by the ADA Amendments Act (ADAAA), and all applicable state and local fair employment practices laws and is committed to providing equal employment opportunities to qualified individuals with disabilities. Consistent with this commitment, the MDMR provides reasonable accommodations to disabled applicants, employees and program participants, if the reasonable accommodation would allow the individual to perform the essential functions of the job or participate in the MDMR programs, unless doing so would create an undue hardship.

### **Requesting a Reasonable Accommodation**

If you believe you need an accommodation because of your disability, you are responsible for requesting a reasonable accommodation from the Executive Director for employment related accommodations or for program participation accommodations. You may make the request orally or in writing. However, the MDMR encourages all requests be submitted writing on the attached ADA Accommodations Request Form, and to include relevant information, such as:

- A description of the accommodation you are requesting.
- The reason you need an accommodation.
- How the accommodation will help you perform the essential functions of your job or participate in the requested program.

After receiving your oral or written request, the MDMR will engage in an interactive dialogue with you to determine the precise limitations of your disability and explore potential reasonable accommodations that could overcome those limitations. The MDMR encourages you to suggest specific reasonable accommodations that you believe would allow you to perform your job. However, the MDMR is not required to make the specific accommodation you request and may provide an alternative effective accommodation, to the extent any reasonable accommodation can be made without imposing an undue hardship on the MDMR's operations.

### **Medical Information**

If your disability or need for accommodation is not obvious, the MDMR may ask you to provide supporting documents showing that you have a disability within the meaning of the ADA and that your disability necessitates a reasonable accommodation. If the information provided in response to this request is insufficient, the MDMR may require that you see a health care professional of MDMR's choosing, at MDMR's expense. In those cases, if you fail to provide the requested information or see the designated health care professional, your request for a reasonable accommodation may be denied.

The MDMR will keep confidential any medical information obtained in connection with your request for a reasonable accommodation.

### **Determinations**

The MDMR makes determinations about reasonable accommodations on a case-by-case basis considering various factors and based on an individualized assessment in each situation.

The MDMR strives to make determinations on reasonable accommodation requests expeditiously and will inform the individual requesting the accommodation once a determination has been made. If you have any questions about a reasonable accommodation request you made, please contact the Human Resources Department for employment related accommodations or the Chief Operations Officer for program participation related accommodations.

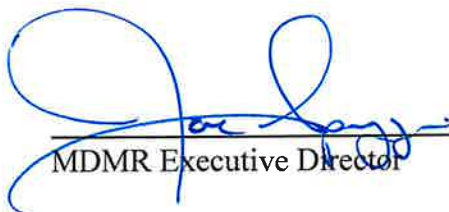
### **No Retaliation**

Individuals will not be retaliated against for requesting an accommodation in good faith. The MDMR expressly prohibits any form of discipline, reprisal, intimidation, or retaliation against any individual for requesting an accommodation in good faith.

The MDMR is committed to enforcing this policy and prohibiting retaliation against employees and applicants who request an accommodation in good faith. However, the effectiveness of our efforts depends largely on individuals telling us about inappropriate workplace or program conduct. If employees, applicants, or program participants feel that they or someone else may have been subjected to conduct that violates this policy, they should report it immediately to the Executive Director for employment related conduct or for program related conduct. If possible retaliatory conduct is not reported, the MDMR may not become aware of a possible violation of this policy and may not be able to take appropriate corrective action.

### **Administration of This Policy**

The Executive Director is responsible for the administration of this policy and may assign the complaint to his/her designee for processing. If you have any questions regarding this policy or questions about disability accommodations that are not addressed in this policy, please contact the Department and you will be directed to the appropriate personnel for assistance.

  
MDMR Executive Director

3-22-2024  
Date



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**MISSISSIPPI DEPARTMENT OF MARINE RESOURCES**  
**ADA ACCOMMODATION REQUEST FORM**

Please Print:

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

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_

Type of Accommodation Requested (Select One):

Employment Related Accommodation ☐

Program Customer Accommodation MDMR ☐

Limited Use of Vessel Accommodation ☐

**Description of Accommodation Request:** Please describe in detail the nature of your request and the accommodation(s) you are requesting. List specific steps you feel the agency may take to make the accommodation.

If you are requesting an accommodation to participate in an agency program or activity, it is important to explain in detail the activities in which you are interested (i.e., fishing, bird watching, etc.) and the geographical locations where you will need the accommodation. You must explain why you are unable to currently participate in the program/activity and what accommodations you are requesting to enable you to participate.

In many cases the agency is able to review the requested accommodation with the information provided. However, if additional information is needed, you will be contacted to discuss the request.

You are encouraged to include appropriate medical documentation confirming the need for the accommodation. In some instances, the MDMR may require requesters to provide appropriate medical documentation. (Use as many pages as necessary to explain)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date