### AMERICAN WITH DISABILITIES ACT

[Shortnened Name] complies with the Americans with Disabilities Act (ADA), as amended by the ADA Amendments Act (ADAAA), the Minnesota Human Rights Act (MHRA), and all applicable local fair employment practices laws, and is committed to providing equal employment opportunities to qualified individuals with disabilities. Consistent with this commitment, [Shortnened Name] will provide a reasonable accommodation to disabled applicants and employees if the reasonable accommodation would allow the individual to perform the essential functions of the job, 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 Human Resources. You may make the request orally or in writing. [Shortnened Name] encourages employees to make their request in 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.

After receiving your oral or written request, [Shortnened Name] 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. [Shortnened Name] encourages you to suggest specific reasonable accommodations that you believe would allow you to perform your job. However, [Shortnened Name] is not required to make the specific accommodation requested by you and may provide an alternative, effective accommodation, to the extent any reasonable accommodation can be made without imposing an undue hardship on [Shortnened Name].

Medical Information

If your disability or need for accommodation is not obvious, [Shortnened Name] may ask you to provide supporting documents showing that you have a disability within the meaning of the ADA or other applicable state or local laws, and that your disability necessitates a reasonable accommodation. If the information provided in response to this request is insufficient, [Shortnened Name] may require that you see a health care professional of [Shortnened Name]’s choosing, at [Shortnened Name]’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.

[Shortnened Name] will keep confidential any medical information that it obtains in connection with your request for a reasonable accommodation.

Determinations

[Shortnened Name] makes determinations about reasonable accommodations on a case-by-case basis considering various factors and based on an individualized assessment in each situation.

[Shortnened Name] strives to make determinations on reasonable accommodation requests expeditiously, and will inform the individual once a determination has been made. If you have any questions about a reasonable accommodation request you made, please contact Human Resources.