



INTRODUCTION

The Americans with Disabilities Act of 1990 requires reasonable accommodation as a means of overcoming unnecessary barriers that prevent or restrict employment opportunities for otherwise qualified individuals with disabilities.

INSTRUCTIONS

To the person completing this form: This form is to be completed when (1) An employee or individual requests an accommodation or, (2) when it is apparent that a reasonable accommodation may enable an individual with an obvious disability to either better perform the essential functions of a currently held position or to participate in the application/selection process. The completed form will be kept on file in the accommodation specialist's office.

EMPLOYEE INFORMATION

Today's Date:		Employee 10-Digit ID:	
Employee Name: LAST		FIRST	M.I.
Home Address/Telephone (Optional):			
Campus Phone:		Email Address:	
Position/Title:		Department:	
Campus:	Work Location:		Shift:
Supervisor's Name:		Supervisor's Phone:	Supervisor's Email:

ADDITIONAL INFORMATION

Name of Person Completing this Form (if not employee):		
Employee Referred By: Name/Title of person who contacted Accommodation Specialist's office (if not requester):		Date:
Is the employee represented? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name/Title/Organization Representing Employee:	Phone:	Email:
Is documentation of impairment on file in the office of the Accommodation Specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What major life activity is substantially limited?:		
An accommodation is being requested for:		
<input type="checkbox"/> Application/Selection Process <input type="checkbox"/> Seminar/Training Program <input type="checkbox"/> Job Transfer/Promotion Duties <input type="checkbox"/> Current Position <input type="checkbox"/> Other		

(continue on reverse side)

Accommodation to Enable Individual to Apply for or Perform a Position	
Title, Level, and Location of Position	Closing Date
List & describe the functions of the position for which the accommodation is requested. Indicate E for essential and M for marginal.	
Accommodations Requested	

Requested Accommodation to Attend a Seminar/Training Program
Seminar/Training Name, Place, Date, & Time
Name of Organization/Department Sponsoring Program
Accommodations Requested

Requested Accommodation for Other Circumstances
Please Explain:

Previous Requests	
If any previous accommodation(s) has been made please list them along with the date(s) of each:	
Accommodation	Date

FOR USE BY ACCOMMODATION'S SPECIALIST ONLY – DO NOT WRITE IN THIS SECTION

Date of first meeting with Accommodation's Specialist: ____/____/____

Name(s), Position/Titles of persons at meeting: _____

Is the employee a person with a disability under ADA? Yes No

A qualified person with a disability? Yes No Is the requested accommodation granted? Yes No

If not, what accommodation is offered/made and why?: _____

If the person requesting an accommodation is an employee with a disability and is unable to perform the essential functions of their position with or without an accommodation, and the employee is also eligible for RIF status, on what date was the individual referred: ____/____/____

Date the employee was placed on RIF: ____/____/____

Action taken if workplace modification: _____

NOTES: