CONFIDENTIAL
All information shared with the University through the ADA reasonable accommodation process will be maintained separate from personal file and in accordance with all ADA requirements.

REASONABLE ACCOMMODATION REQUEST FORM

This form may be completed by an individual requesting reasonable accommodation(s) under the American with Disabilities Act of 1990 (ADA). Completed forms are to be returned to the Human Resources Department or Social Equity Office.

1. NAME	2. DATE OF REQUEST
3. JOB/POSITION TITLE	4. DAYTIME TELEPHONE NO.
5. DEPARTMENT NAME/ADDRESS	6. EMAIL ADDRESS
7. SUPERVISOR'S NAME	8. SUPERVISOR'S TELEPHONE NO.

Please answer the following questions to help the University understand the basis and nature of your request for an accommodation. The information you provide will be treated confidentially and will be handled on a need-to-know basis.

1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the impairment(s). Include the date of diagnosis.

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_____

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_____

2. Explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your position. If you are a new employee, state the anticipated difficulties you foresee in completing your job duties. Be as specific as possible regarding the job duties you are having difficulty performing or believe you will have difficulty performing.

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_____

3. Describe any type of accommodation which will enable you to perform the functions of the position.

_____

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4. Do you have documentation to support your disability? YES____ NO____ If YES, please attach.

SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE
SUPERVISOR'S COMMENTS:	

Information or assistance regarding accommodation requests can be obtained by contacting the Human Resources Department or Social Equity Office.

ACTIONS TAKEN/DETERMINATION MADE/DATES:	
DATE OF DECISION:	DATE OF NOTIFICATION:

Print Form