

The following Request for Reasonable Accommodation Under the Americans with Disabilities Act (ADA) form is to be completed by the employee and returned to the Office of Human Resources.

EMPLOYEE REQUESTING ACCOMMODATION

Name: _____ Badge ID Number: _____
Phone #: _____ E-Mail: _____
Department: _____ Supervisor: _____
Position/Title: _____
Campus/Work Location: _____
Work Schedule (Days and Hours): _____

ACCOMMODATION BEING REQUESTED

Attach additional pages if necessary

Please describe the physical and/or mental impairment(s) that led to this request for accommodation.

Please explain how the impairment(s) affect your ability to successfully perform your job duties.

Please describe the accommodation(s) you are proposing. Be as specific as possible.

Please indicate the expected duration of the impairment(s).

Permanent Temporary: Anticipated End Date _____