

# Reasonable Accommodation Request and Documentation Form

## 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.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Identification number of employee \_\_\_\_\_

Employee's Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home address/telephone (optional) \_\_\_\_\_

Campus phone \_\_\_\_\_ E-mail \_\_\_\_\_

Position/title \_\_\_\_\_ Department \_\_\_\_\_

Campus \_\_\_\_\_ Work location and shift \_\_\_\_\_

Supervisor's info. \_\_\_\_\_

Name

Phone

E-mail

Name of person completing this form (if not employee) \_\_\_\_\_

Requester referred by:

\_\_\_\_\_  
Name/title of person who contacted Accommodation  
Specialist's office (if not requester)

\_\_\_\_\_  
Date Accommodation Specialist's office  
contacted

Is the employee represented? Yes / No

\_\_\_\_\_  
Name, title, organization representing employee Phone E-mail

Is documentation of impairment on file in office of the Accommodation Specialist? Yes / No

What major life activity is substantially limited? \_\_\_\_\_

An accommodation is being requested for:

\_\_\_\_ Application/selection process \_\_\_\_\_ Seminar/training program \_\_\_\_\_ Job transfer/promotion duties

\_\_\_\_ Current position \_\_\_\_\_ Other

**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 functions: \_\_\_\_\_

Accommodation(s) requested

**Requested accommodation to attend a seminar/training program**

Seminar/Training name, place, date and time

Name of organization/department sponsoring program

Accommodation(s) 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:

**For use by Accommodation Specialist only—do not write in this section**

Date of first meeting with Accommodation Specialist \_\_\_\_\_

Name(s), position/titles of persons at meeting \_\_\_\_\_

Is the person a person with a disability under the 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 the 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: