

Request for Disability Accommodation

The University is committed to providing reasonable accommodations to job applicants and qualified employees with physical or mental disabilities, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act. The University intends that these procedures will facilitate an interactive process of dialogue and timely exchange of information between the employee and the Office of Human Resources.

* Indicates required question

1. First Name *

2. Last Name *

3. Middle Name

4. Employee ID (if current employee)

5. Preferred Email *

6. Preferred Phone Number *

7. Position Title

8. Supervisor's Name

Specific Accommodation Information

9. My diagnosed disability falls into the following category. (Check all that apply) *

Check all that apply.

- Addiction
- Chronic Health Condition
- Communication / Speech
- Head Trauma
- Hearing
- Mobility
- Psychological / Psychiatric
- Temporal
- Vision
- Other: _____

10. What specific accommodations are you requesting? *

11. Is your accommodation request time sensitive?

Mark only one oval.

Yes

No

12. Is this for a limited time?

Mark only one oval.

Yes

No

13. What job functions are you having difficulty performing? *

14. What limitation (major life function) is interfering with your ability to perform your job? (Check all that apply) *

Check all that apply.

- Bending
- Breathing
- Concentrating
- Reaching
- Sitting
- Speaking
- Reacting
- Hearing
- Walking
- Thinking
- Standing
- Sleeping
- Seeing
- Lifting
- Interacting with Others
- Other: _____

15. Have you had any accommodations in the past?

Mark only one oval.

- Yes
- No

16. Has your limitation/disability been diagnosed by a Physician or other healthcare provider? *

Mark only one oval.

- Yes
- No

17. Please provide any additional information that might be useful in processing your * accommodation request.

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