



## Voluntary Request for Reasonable Accommodation Form

If you have a disability that is covered (protected) under the American with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973, or other applicable state laws, and you are a qualified individual, you are entitled to request a reasonable accommodation. A reasonable accommodation will be provided to the extent that it does not pose an undue hardship and may be requested for the following purposes:

- To complete the employment application process
- To perform essential job functions
- To have equivalent benefits and privileges as non-disabled employees.
- To obtain evacuation assistance in a time emergency.

Advance notice is usually required to fulfill Reasonable Accommodation requests. However, a response to immediate need for accommodation will be made to the fullest extent feasible.

Date: \_\_\_\_\_ Check one:  Staff  Faculty

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor/Chair \_\_\_\_\_

Job Title: \_\_\_\_\_

Home/Campus Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Documentation of Protected Status

When requesting Reasonable Accommodation, be prepared to submit appropriate and current medical documentation or other documentation from a professional qualified to make an assessment of your condition. Additional documentation may be needed if there is an ongoing need for the accommodation. All such documentation will be treated confidentially.

I am requesting accommodation for the following reason(s):

*(Please check relevant boxes)*

To complete the employment application process

To perform essential job functions

- To have equivalent benefits and privileges of non-disabled employees
- To obtain evacuation assistance in time of emergency

How does your limitation restrict your ability to accomplish or obtain the item(s) checked above? If related to the performance of job responsibilities, state the job functions for which you need an accommodation, and describe the difficulty you have performing that task.

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What type of accommodations do you believe would be effective?

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For those accommodations that must be purchased or attained, please identify possible resources for the department to consider in responding to the accommodation request:

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How long will you need this accommodation? Short-term \_\_\_\_\_ Ongoing \_\_\_\_\_

I CERTIFY THAT THE ABOVE STATEMENT AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Please print)

**Please return this completed form to Human Resources, 30 Belmont Avenue (staff) or to the Associate Dean of Faculty, College Hall, 206 (faculty).**