

**DISABILITY ACCOMMODATION REQUEST FORM**

**SECTION I – EMPLOYEE INFORMATION:**

School/Department:	Location:
Employee Name:	Job/Title:
Signature:	Date Request Made:

My disability is (verification must be attached):

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My disability substantially impairs my ability to perform assigned job duties in the follow way:

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The reasonable accommodation I am requesting is:

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**SECTION II - ADA COORDINATOR ACTION:**

Accommodation Request is:       Approved    Denied       Modified

If Modified, describe modification and rationale. If Denied, give rationale.

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ADA Coordinator Name:	Cost of Accommodation: <input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Signature:	Date:

Return completed form to Human Resources with attached/additional pages as needed.