

Americans with Disabilities Act (ADA) Employee Request for Accommodation

*This form must be completed when an employee is making a request for accommodation due to a documented disability.* To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must be able to perform the essential functions of your position with or without an accommodation, and have a qualifying disability that limits a major life function.

|  |  |
| --- | --- |
| Employee Name: | Employee Phone: |
| Supervisor: | Supervisor Phone: |
| Department: | Date: |
| 1. Please describe which major life activity your medical condition limits. *(For example: caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, remembering, concentrating, etc.)* |
| 2. Describe how your medical condition limit your ability to perform the essential functions of your job. Using your Position Description and Addendum A (if applicable), identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance. |
| 3. Specifically describe the accommodation(s) you are proposing. |
| 4. Please add any comments you feel may be helpful in our consideration of your request: |
| Employee Signature: | Date: |

Revised April 2018