

CONFIDENTIAL

FORMAL REQUEST FOR WORKPLACE ACCOMMODATION

The Americans with Disabilities Act (ADA), as amended requires your request for workplace accommodations to be confidential. If you have any questions or concerns regarding this form, contact the ADA Resource Center for Equity and Accessibility at 785-864-4946.

Name:

Employee Identification #:

Home Address:

Unit/Department:

Position:

Please check your preferred method of contact: work, home/cell, or email

Work Phone:

Home/Cell phone:

E-mail:

Supervisor:

Supervisor Phone:

Supervisor E-mail:

Department:

Department Head:

1. Describe your essential job duties.

2. What, if any, job function are you having difficulty performing?

3. Identify and briefly describe the medical condition(s), injury(s) or disability (s) that is affecting your ability to perform your job or access an employment benefit?

4. Does the medical condition, injury or disability substantially limit a major life activity? Major life activities include walking, speaking, breathing, hearing, seeing, thinking sitting, standing, reaching, interactivity with others, learning, etc.

5. Describe how the impairment substantially limits the identified major life activity.

6. Is the impairment temporary or long term? If temporary, how long is the impairment expected to last?

7. Have you had an accommodation in the past for this impairment? Was this accommodation effective?

8. Have you made a request for an accommodation through the ADA Resource Center for Equity and Accessibility previously? If so, please describe.

9. What accommodation are you requesting to perform your essential job duties?

10. How will that accommodation assist you?

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE

1. I believe I have a disability that may affect my work. I give the ADA Resource Center for Equity and Accessibility permission to explore my coverage and reasonable accommodations under the American with Disabilities Act.
2. I understand that submitting this form is an initial step only, and that I will need to meet with the ADA Resource Center for Equity and Accessibility and possibly provide medical documentation in order to move forward with the accommodation process.
3. I understand that the ADA Resource Center for Equity and accessibility must be able to confirm the existence and extent of my disability and how it affects my ability to perform the duties and responsibilities of my position. I understand that this may require me to provide medical documentation and/or authorize contact between my medical provider and the ADA Resource Center for Equity and Accessibility.
4. I understand that the ADA Resource Center for Equity and Accessibility/Human Resource Management will keep medical documentation confidential, and will release such medical documentation only in accordance with the American with Disabilities Act or other applicable law. I understand that if I am granted a reasonable accommodation, this may require disclosure of some information about my impairment to supervisors and others at KU who have a need to know enough about the impairment to assist in providing the accommodations and/or in implementing accommodations.
5. I agree to provide all necessary information to process my request.
6. I acknowledge that I have read [KU's Disability and ADA Issues in Employment Policy](#), KU's Disability Accommodation Procedures, and have had the opportunity to review an optional resource related to my health condition from the Job Accommodation Network (This information can be found on the last page of this document).

The statements above are complete, accurate, and true to the best of my knowledge.

SIGNATURE OF EMPLOYEE

DATE

Return this form to Accommodations@ku.edu, fax, or intercampus mail with Attention: The ADA Resource Center for Equity and Accessibility. Questions? Call 864-4946.

Please refer to the Job Accommodation Network website for additional accommodation information. The Job Accommodation Network website has a variety of resources and information for employees who are making an accommodation request. JAN's Searchable Online Accommodation Resource (SOAR) system is designed to let users explore various accommodation options for people with disabilities in work and educational settings. These accommodation ideas are not all inclusive. If you do not find answers to your questions, please contact JAN directly. The staff of experienced consultants is happy to discuss specific accommodation needs in a confidential manner. You can also contact the ADA Resource Center for Equity and Accessibility with any questions. Please see the website information for the Job Accommodation Network below.

[Main Website](#)

[Searchable Online Accommodation Resource Page](#)

[Accommodation Ideas by Occupation](#)

[A to Z Disability List](#)