

**CONFIDENTIALITY STATEMENT:**  
 A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

**REQUEST FOR ADA/WORKPLACE ACCOMMODATION**

**SECTION 1: REQUESTOR INFORMATION**

Requestor's Name: \_\_\_\_\_ Campus Name: \_\_\_\_\_  
 Requestor is (check only one):  Employee (Banner (U) Number: \_\_\_\_\_)  Job Applicant  Visitor / Public  
 Requestor's Email Address: \_\_\_\_\_ Requestor's Phone #: \_\_\_\_\_  
 If Requestor is an employee, also provide: Job Title: \_\_\_\_\_  
 Division/Unit: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**SECTION 2: REQUESTED ACCOMMODATION** (Attach a separate sheet if additional space is needed)

A. Please describe the nature of your disability and the functional limitations resulting therefrom.

B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

	Accommodation Type:	Reason for Accommodation Request:
1.	<input type="checkbox"/> <b>Application/Testing Process</b> Explain the specific application/testing requirement for which accommodation is requested: (→)	
2.	<input type="checkbox"/> <b>Participating in a Job Interview</b> Identify the Date/Time/Location of the job interview for which an accommodation is requested: (→)	
3.	<input type="checkbox"/> <b>Performance of Essential Functions of Your Job</b> Explain the job duties for which accommodation is requested: (→)	
4.	<input type="checkbox"/> <b>Benefits/Privileges of Employment</b> Explain the benefits or privileges of employment for which accommodation is requested: (→)	
5.	<input type="checkbox"/> <b>Pregnancy, Childbirth or Related Condition</b> Explain how pregnancy, childbirth or a related condition affects your ability to perform your job: (→)	
6.	<input type="checkbox"/> <b>Effective Communication</b> Identify the Date/Time/Location for which an auxiliary aid is requested: (→)	
7.	<input type="checkbox"/> <b>Access to Programs, Services or Facilities</b> Identify the specific program, service or facility for which access is needed: (→)	

C. Describe the accommodation(s) requested. (Identify specific auxiliary aid requested, if applicable)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return the completed form to the respective ADA Coordinator.*