



Reasonable Accommodation Request Form Employment

CONFIDENTIAL

This form should be used by University employees and/or applicants for employment who believe they have a disability and wish to request a reasonable accommodation under the Americans with Disabilities Act Amendments Act (ADAAA) or other applicable State and Federal civil rights laws. By considering this request, the University does not consider or regard the person as having a disability as defined by the Americans with Disabilities Act Amendments Act (ADAAA), the Illinois Human Rights Act, or any other applicable law.

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified University employee or applicant for employment. This form is a confidential document and must be kept separate from the employee's personnel file.

SECTION I: Employee/Applicant

To be completed by the **EMPLOYEE** requesting an accommodation.

Name:	Telephone:
Address:	
Job Title/Classification:	Request Date:
Supervisor's Name:	Telephone:
Department/unit:	

To be completed by the **JOB APPLICANT** requesting an accommodation.

Name:	Telephone:
Address:	
Position Applying for:	Request Date:

Please answer the following questions to assist us in understanding the basis and nature of your request for a reasonable accommodation (attach additional sheets if necessary).

A. Indicate physical or mental limitation(s) and expected duration of limitation(s). (Attach additional pages if necessary.) It is not necessary to indicate a medical diagnosis or condition.

B. Explain how the disability/limitation affects the ability to perform one or more essential functions of the job:

C. List accommodation(s) you are requesting in order to perform your essential job functions (attach additional pages if necessary):

D. Medical verification of impairment (check the appropriate box):

I have enclosed the applicable medical documents with this request.

The disability and the need for a reasonable accommodation is obvious and no medical documentation is needed. Explain _____

I have already provided sufficient medical documents relating to my impairment(s).

I, _____, give Southern Illinois University Edwardsville, permission to explore coverage and reasonable accommodations under the ADAAA, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADAAA, including its confidentiality requirements.

Signature

Date

Return to EOA, Campus Box 1025
Rendleman Hall, Rm 3310