DIVISION OF AGRICULTURE
RESEARCH & EXTENSION
University of Arkansas System

ADA/PWFA REASONABLE ACCOMMODATION REQUEST FORM

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes ☐ No ☐

If *yes*, please explain.

Is your accommodation request time sensitive? Yes ☐ No ☐

If *yes*, please explain.

B. Questions to document the reason for accommodation request.

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

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation? Yes ☐ No ☐

If *yes*, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

Please know this form will assist the Division of Agriculture in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified Division employee. By considering this request, the Division does not consider or regard the employee as having a disability. All information and records obtained during this process will be maintained and handled in accordance with any applicable confidentiality requirements.

By signing below, you give the Division permission to explore whether you may be covered under reasonable accommodation definitions and standards under all applicable state and federal laws. In addition, you also understand and agree that the PWFA/ADA Coordinator may need to engage other appropriate Division offices and/or officials, including General Counsel, in the exploration of possible coverage or possible accommodations.

_____ _____

Signature Date

Return this form to:

Barbara Batiste, ADA Coordinator, compliance@uada.edu or Fax: (501) 671-2073