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	Yes □	No □	
suggestions about what options we can explore?			
If <i>yes</i> , please explain.			
Is your accommodation request time sensitive?	Yes □	No □	
If <i>yes</i> , please explain.			
B. Questions to document the reason for accommodation reques	t.		
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 accommo	odation assist	you?	

C. Other.	
Please provide any additional information that might request:	be useful in processing your accommodation
Please know this form will assist the Division of A what extent, a reasonable accommodation is app	ropriate for a qualified Division employee.
By considering this request, the Division does not having a disability. All information and records of maintained and handled in accordance with any a	btained during this process will be
By signing below, you give the Division permission under reasonable accommodation definitions and federal laws. In addition, you also understand an need to engage other appropriate Division offices Counsel, in the exploration of possible coverage	d standards under all applicable state and dagree that the ADA Coordinator may s and/or officials, including General
Signature	Date
Return this form to:	
Barbara Batiste, ADA Coordinator, bbatiste@uada.ed	<u>du,</u> or Fax: (501) 671-2073