



Dear Employee:

To request a reasonable accommodation please:

- 1) **Complete and sign** the this form, the accompanying *Authorization for Release of Medical Information* form, and have your healthcare provider complete and submit the *Request for Healthcare Provider Response* form.
- 2) Note it is your responsibility to ensure the tim72 re.(4P).(00206)402066)02 re.(4P).(00TQ0TQ

To assist the University in performing the ADA reasonable accommodation analysis, please answer the following questions:

- 1) Do you have a physical or mental condition that is impairing life activities? _____
- 2) If the answer to 1 is yes, please identify the nature of the impairment (do not disclose medical diagnosis only nature of impairment):

- 3) Does this condition/disability impair your ability to perform your job functions? If yes, please explain:

- 4) If the answer to question #3 is yes, what are the specific job functions in which you are unable to perform because of the physical or mental condition?

- 5) If you listed job functions in item 4, what accommodation(s) do you request. Please describe how each such requested accommodation will enable you to perform such functions and/or meet performance standards?
 - a) _____
 - b) _____
 - c) _____
 - d) _____

Employee Signature _____

Date _____

To be completed by Human Resources Representative:

Date *Request for Reasonable Accommodation* form received by Human Resources: _____

Date *Request for Healthcare Provider Response form* received by Human Resources: _____

Date of interactive process meeting: _____