



Employee Disability Accommodation Request Form

You should use this **Disability Accommodation Request Form** when you seek a workplace accommodation due to a documented disability. To make a request for accommodation, you must:

- Notify the office of Equal Employment Opportunity/Affirmative Action/University ADA Services (EEO) of your desire for a workplace accommodation;
- Complete this form and return it to the EEO office (note that we may, in appropriate cases, act on your oral request for accommodations prior to receiving documentation, but we request that you complete this form for documentation purposes);
- If requested by the EEO office, complete Section 1 of the Documentation of Disability Form (separate form) and have your physician or care provider complete Section 2 of the form. Your doctor will submit the form directly to the EEO office.

The EEO office, together with you and your supervisor, will consider what reasonable accommodations are possible under the circumstances.

Section 1: Contact Information

Employee's Name: _____

Job Title: _____ College/Division: _____

Department of Employment: _____ Supervisor: _____

Work Schedule (days/hours; full-time; part-time): _____

Work location: _____

Section 2: Accommodation Request

Indicate your physical or mental impairment and expected duration of impairment. Please note it is not necessary to indicate a specific medical diagnosis (attach additional pages if necessary.)

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

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

What physical or mental impairment(s) is/are interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past, for this same impairment, at Western Kentucky University or elsewhere? Yes____ No ____

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

If you are requesting a specific accommodation, please list the accommodation and indicate how the accommodation will assist you in performing your job.

Provide any additional information that might be useful in processing your accommodation request.

Print Name: _____

Signature: _____ Date: _____

Return this form to the EEO office