

AMERICANS WITH DISABILITIES ACT (ADA) EMPLOYEE ACCOMMODATION REQUEST

Protection is afforded under the ADA to a qualified individual with a disability, who can perform the essential functions of the position, with or without reasonable accommodation. "Disability" is defined as a) a physical or mental impairment that substantially limits one or more of the major life activities of the individual; b) the individual has a **record** of such an impairment; c) the individual is **perceived** as having an impairment. **Instructions:** Please complete the form and attach supporting documentation from your physician and a return to work authorization (as appropriate). Submit completed form to your direct supervisor. Name: Address: Department: Position Supervisor: Telephone Numbers: Work: Home: Other: I. Accommodation Request: Please list accommodations requested and reason for request: Signature: Date: