

Reasonable Accommodation Request Form

This form should be used by University of Arkansas (University) employees and/or applicants who believe they have a disability and wish to request a reasonable accommodation. By considering this request, the University does not consider or regard the applicant or employee as having a disability. Rather, the purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified University employee or applicant for employment.

To be completed by the **EMPLOYEE** requesting an accommodation.

Employee Name:	Telephone:
Address:	
Job/Position Title:	Request Date:
Supervisor's Name:	Department/Unit:

To be completed by the **JOB APPLICANT** requesting an accommodation.

Applicant Name:	Telephone:
Address:	
Position applying for:	Request Date:

To be completed by both employees and applicants.

1. Please identify the impairment(s) for which you are requesting an accommodation.

2. Please explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your job or affect your ability to participate in the application and selection process.

3. Please list the accommodation(s) you are requesting as well as any alternative

accommodations.

-
-
4. Please explain how the requested accommodation(s) will allow you to perform the essential functions of your job, or allow you to participate in the application and selection process.
-
-

I, _____, give the University of Arkansas permission to take steps necessary to explore whether I may be covered under reasonable accommodation definitions and standards under all applicable State and Federal laws. This permission acknowledges that the ADA Coordinator in the Office of Equal Opportunity and Compliance may need to engage other appropriate University offices and/or officials, including, but not limited to: Human Resources, the Center for Educational Access, and the Office of General Counsel in the exploration of possible coverage or possible accommodations. I understand that all information and records obtained during this process will be maintained and handled in accordance with any applicable confidentiality requirements.

Requestor Signature

Date

TO BE COMPLETED BY UNIVERSITY OF ARKANSAS:

Received by:

Name and Title

Date Received

University Department