



Employee Travel Accommodation Request Form

Section 1: For Completion by the EMPLOYEE or PREPARER. Employee's Name, Email, Preparer's Name, Phone, Address, City/State, Job Title, Department, Supervisor's Name, Signature, Date.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

Section 2: For Completion by the Employee or PREPARER. When completed, please sign and either return the form in person, fax to University of Arkansas, Office of Equal Opportunity and Compliance at 479.575.7637, or scan and email to access@uark.edu. 1. Is the request time sensitive? 2. Nature of Disability: Mental, Physical, Pregnancy Related.



3. Impairments/Condition(s): Please identify the impairment(s)/condition for which you are requesting an accommodation and how it interferes with your ability to travel:

4. Dates of Travel: Beginning: Ending:

5. What is the status of the travel authorization?

- Approved
- Pending Approval
- Has not been submitted

6. Type of Travel Accommodation Requested? (More than one type can be selected):

- Assistance (Equipment, personal aide, etc.)
- Lodging
- Meals
- Transportation

If your disability/impairment is not obvious or visible, to assist in responding to your accommodation request in a timely manner, please attach the completed appropriate form for your accommodation request:

- Employee Leave or Telecommuting Medical Statement Form (for leave accommodations only, downloadable form to be submitted to Medical Provider and attached to the Accommodation Request Form)

If you have completed the appropriate form above and are not able to upload the document, it can be faxed to 479.575.7637 or mailed to 346 N. West Avenue 4 WAAX Fayetteville, AR 72701 or through University Mail at mail stop 4 WAAX. If you have any questions, please contact the ADA Coordinator at 479.575.6208 or access@uark.edu.

For any other review that requires attachments, please attach your supporting documentation.