



Employee VoIP Phone 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? Yes [] No [] If yes, please explain why the request is time sensitive:



2. VoIP Phone Accommodation Request: Do you currently use a device to assist your use of an analog phone (non VoIP phones)? Yes No

3. If yes, please describe, in as much detail as possible, how you are currently using your phone (headsets, microphones, screen readers or other devices etc.)?

4. If no, please describe what type of accommodation or equipment you need to utilize the VoIP phone? Please note if there is a physical barrier keeping you from accessing your phone?