



Applicant- Hiring Process Accommodation Request
*Applicants for open positions who require an accommodation for
any portion of the hiring process.*

Section 1: For Completion by the APPLICANT or PREPARER

Applicant's Name:	Applicant's Email:
Preparer's Name (if other than Applicant):	Applicant's Phone:
Do you (the Applicant) have limited access to email? Official notifications regarding this report will be sent via email. If you have limited or do not have access to email you will be required to provide a mailing address. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Applicant's Address:	Applicant's City/State:
I (the Applicant) certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.	



I (the Applicant) understand that the University reserves the right to request medical documentation to verify the existence of a disability; and, to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.

Applicant's Signature:	Date:
Preparer's Signature (if other than Applicant):	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. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member, or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



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. Please provide the job posting/job requisition number as well as the web link for the posting:

3. What is the posting closing date? ____/____/____

4. What phase of the search process are you requesting an accommodation for?

Application Process

Pre-Screening (screening tests or pre-interview)

Final Interview



5. Please state the accommodation being requested, provide specific details:

6. How does the accommodation assist you in participating in the search process?



UNIVERSITY OF
ARKANSAS

Chancellor
*Equal Opportunity
& Compliance*