



Employee Travel Accommodation Request Form

Section 1: For Completion by the EMPLOYEE or PREPARER

Employee's Name:	Employee's Email:
Preparer's Name (if other than Employee):	Employee's Phone:
Do you (the Employee) 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"/>	
Employee's Address:	Employee's City/State:
Employee's Job Title:	Employee's Department:
Employee Supervisor's Name:	
<p>I (the Employee) 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.</p> <p>I (the Employee) 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.</p>	



Employees may consult with the ADA Coordinator as to whether the Medical Statement Form is required for their request. The ADA Coordinator will contact the medical provider if additional information is needed to determine if the individual has a disability defined by the ADA or to assist in determining an effective reasonable accommodation.

Employee Signature:	Date:
Preparer's Signature (if other than Employee):	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.



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

a. If yes, please explain why the request is 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.