



Employee VoIP Phone 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:	
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.	
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.	



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](mailto: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?