



Employee Disability Accommodation Request Form Service Animal

Section 1: For Completion by the EMPLOYEE. Name: Email: Do you have limited access to email? Address: City/State: Job Title: Department: Supervisor's Name: I certify that I have read and understood the information provided in this request... Employee 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. When completed, please sign and either return the form in person, fax to University of Arkansas, Office of Equal Opportunity and Compliance, 479.575.7637, or scan and email to access@uark.edu. The Americans with Disabilities Act (ADA) defines a service animal as "any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability... 1. Do you have a physical or mental impairment? Yes No a. If yes, please state the name of the impairment(s) (diagnosis) or medical condition(s).



Section 2: For Completion by the Employee

2. Please review your job description. What benefits of employment or essential job function(s) listed in the job description are you having trouble performing or accessing because of the limitation(s)?

3. Please explain how the impairment(s) (diagnosis) or medical condition(s) listed above affect(s) your ability to perform the essential functions of your job or access an employment benefit?

4. What task(s) or function(s) does the animal perform?

a. How long will you need the service animal to perform the essential job functions?
of days # of weeks # of months or permanently

5. Have you had any accommodations in the past for this same limitation?
Yes No