UNIVERSITY OF ARKANSAS | Chancellor Equal Opportunity & Compliance

Employee Disability Accommodation Request Form

Section 1: For Completion by the **EMPLOYEE**	
Name:	Email:
Do you 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 ☐ No ☐	
Address:	City/State:
Job Title:	Department:
Supervisor's Name:	
I 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 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:

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**

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.**

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).

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)?

Section 2: For Completion by the **Employee**

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. Are you able to perform the essential functions in the job description provided with, or without, a reasonable accommodation?

   ☐ Yes, with a reasonable accommodation.

   ☐ Yes, without a reasonable accommodation.

   ☐ No, I am unable to perform their essential functions with or without a reasonable accommodation.

   a. If **no,** how long will you remain unable to perform the essential job functions?
   ☐ # of days ☐ # of weeks ☐ # of months or ☐ permanently

5. Do you have any suggestions regarding possible accommodations that would enable you to perform the essential job functions or access benefits to employment?

   Yes ☐ No ☐

   a. If yes, what accommodations or adjustments to the work environment or position responsibilities would enable you to perform the essential job functions or access benefits to employment? *Please be specific, e.g., weight and time limits for mobility restrictions, functional features for office equipment, etc.* (attach addition pages as necessary).

   b. If **yes,** how long will you need the accommodation to perform the essential job functions? ☐ # of days ☐ # of weeks ☐ # of months or ☐ permanently

6. Have you had any accommodations in the past for this same limitation?

   Yes ☐ No ☐