



Employee Disability Accommodation Request Form Service Animal (LARGE PRINT)

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.**

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,



including a physical, sensory, psychiatric, intellectual or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition.”* Service animals perform some of the functions and tasks that the individual with a disability cannot perform for oneself. For example, a guide dog is used by some individuals who are blind. The work or task must be directly related to the individual’s disability. A service animal is not a pet.

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



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ARKANSAS

Chancellor
*Equal Opportunity
& Compliance*

Additional Notes: